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ABSTRACT

The commitment of this nation to the development and maintenance of a reasonably educated society is well established. In the early part of the 1970's, muted criticisms of all types of affirmative action programs escalated into systematic and well-orchestrated attacks that threatened to undermine the few ameliorative programs functioning with a modicum of effectiveness. One important suit initiated on the allegation of reverse discrimination is that of Allan Bakke v. the Regents of the University of California. The purpose of the present discussion is to demonstrate the need for affirmative action or preferential admissions in higher education in general and in graduate and professional study specifically. Evidence is provided to support the position that every legal effort must be made to prevent the demise of such policies. (Author/MSE)

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IN SUPPORT OF PREFERENTIAL ADMISSIONS AND AFFIRMATIVE ACTION IN HIGHER EDUCATION: PRE- AND POST- BAKKE CONSIDERATIONS

by

JAMES E. BLACKWELL

UNIVERSITY OF MASSACHUSETTS/BOSTON

MAY, 1977

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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IN SUPPORT OF AFFIRMATIVE ACTION AND PREFERENTIAL ADMISSIONS IN HIGHER EDUCATION: PRE - AND POST - BAKKE CONSIDERATIONS

Introduction

The commitment of this Nation to the development and maintenance of a reasonably educated society is well established. Among the highlights of the first century of the United States as a new Nation was an evolution in education characterized by transformations from a philosophy which promoted its entitlements purely for the wealthy elite to one which advocated free and public school systems; the founding of State supported systems of higher education and the establishment of land-grant colleges; the entry of women into higher education, and the movement toward a system of elementary, secondary, and post-secondary education, based upon the principle of separate - but - equal.

Early in the second century of the United States as a sovereign Nation, the Philosophy of separate but equal was institutionalized by law in the south and by de facto means in other parts of the nation. The most damaging consequence resulting from operationalization of the philosophy into legally supported policies was that education for minorities was most assuredly separate from the education of dominant group whites and was

totally unequal. Hence, a system of educational apartheid prevailed. For four-and-a-half decades, a coalition of Americans attacked the injustices of a segregated and highly discriminatory educational system in the United States. These were people of all races committed to those egalitarian principles enunciated in the American creed as well as in the Declaration of Independence and the Constitution of the United States of America.

The efforts to eliminate de jure segregation and discrimination resulted in a series of favorable decisions from the United States Supreme Court. They also led to enabling Federal legislation which paved the way for increasing access of minorities to equality of opportunity in both education as well as in economic life.

To facilitate access to higher education and participation in the economic order on a more equitable basis, and recognizing the deleterious consequences of historical discrimination against minority groups, several colleges and universities initiated Special or Preferential Admissions and enrichment programs. Affirmative Action Programs in employment were mandated by the Federal Government. Consequently, minority groups began to enter previously segregated and traditionally white colleges and universities in unprecedented numbers.

Graduate and professional schools began to open their doors and to expand professional training for minorities. Blatant discrimination for minorities decreased. A degree of cautious optimism prevailed. Inadequate enforcement of laws and insufficient monitoring by the Office of Civil Rights raised serious questions concerning Federal commitment to a uniform policy of affirmative action.

In the early part of this decade, muted criticisms of all types of Affirmative Action Programs, both inside and outside the educational community, escalated into systematic and well orchestrated attacks which threatened to undermine the few ameliorative programs functioning with a modicum of effectiveness. Several suits were initiated against universities and businesses. These were based upon allegations of "reverse discrimination" and charges that preferential treatment for minority groups represented discrimination against majority group members.

One of the more important cases in this regard is that of Allan Bakke, plaintiff, cross appellant and respondent, v. the Regents of the University of California, defendant, cross respondent and appellant. Allan Bakke applied for admission to the Medical School of the University of California at Davis in both the academic years of 1973-74 and 1974-75. For the 1973 academic year, 2,644

applications were received by the medical school and for the 1974 class, 3,737 applications were processed. However, only 100 places were available each year. Through a Special Admissions Program which gave preference to disadvantaged minority students, 16 places were reserved for qualified members from such groups. Bakke was denied admissions in both 1973 and in 1974. He subsequently sued the University of California at Davis charging that the existence of such programs was discriminatory and violated his rights under the 14th Amendment to the Constitution. His position was subsequently upheld by the California Supreme Court but the University of California at Davis appealed the decision to the United States Supreme Court. In February 1977, the United States Supreme Court agreed to hear his case. The Bakke case is, perhaps, the most important case in higher education to reach the United States Supreme Court since the non-decision in DeFunis v. Odegaard. What happens in the Bakke case will affect not only admissions in medical schools but will have a major impact on the full range of activities, special actions, and affirmative efforts designed to foster equality of opportunity for American citizens. Should the United States Supreme Court decide in favor of the University of California at Davis, existing affirmative efforts would be legitimated and could possibly achieve much needed respectability.

A decision in behalf of the University of California at Davis could be perceived as a mandate for more aggressive strategies to achieve equality of opportunity in graduate and professional education as well as employment in general.

A negative decision, that is a ruling which favors Allan Bakke, could potentially and tragically undue all of the gains achieved through hard-won, often protracted, and expensive court battles, the Civil Rights Movement, and by virtue of the urban conflagrations of the 1960's. We would then be one step closer toward a nation divided totally along the color line—a society of privileged whites and a segregated society of disillusioned and discontented minorities. The educational losses, economic injustices, and psychological impairment would be almost incalculable.

The purpose of this discussion is, therefore, to demonstrate the need for Affirmative Action or Preferential Admissions in higher education, in general, and more specifically, in graduate and professional schools. In so doing, we hope to provide evidence to show why every legal effort available and all possible support must be mounted to overturn the decision rendered by the California Supreme Court to prevent a return to a segregated and unequal America.

Parameters by which this need can be measured include historical considerations of minority group experience in the United States; and examination of the contemporary educational and economic status of selected minority groups and of the adverse effects of discrimination; empirical data to demonstrate why a professionally educated group is required among minorities; an explanation of the legal bases for affirmative action programs; an assessment of traditional and non-traditional (or cognitive and non-cognitive) criteria utilized in admissions decisions; types of effective special and enrichment programs, the underrepresentation of minorities in graduate and professional education fields; and finally, a projection of what could happen if Bakke wins.

When we speak of minority groups, the sociological meaning of the term is implied. Minority status derives from the power of the dominant group to set aside a group of people such as Blacks, Chicanos, Puerto Ricans, American Indians, and Asians for categorization, unequal treatment, and unequal access to the overall opportunity structure of the social system. These practices are often articulated in restrictive policies directed against groups due to their racial identification, ethnic membership, color and cultural visibility or difference, and linguistic distinctiveness. That status is maintained by both the exercise of power by the dominant

group as well as by the relative powerlessness of minority groups to impact on decisions which affect their daily lives. Because of the exercise of control over the decision-making processes, minority groups must frequently appeal to higher authorities, including regulating bodies and the Federal Government, to gain relief from imposed disabilities.[1] In this research, specific attention is given to those minority groups specified above: Blacks, Chicanos, Indians, Asians, and Puerto Ricans.

Historical Perspectives: The Institutionalization of Discrimination in American Society

In order to comprehend and to place in better perspective the position of minority groups in the American society today, it is necessary to briefly review some of their experiences as minority groups in the United States.

Minority groups in the United States have always experienced some form of segregation within education as well as within other institutions. Proscriptions against educating Blacks during the period of slavery were manifested in myriad laws forbidding the teaching of Blacks to read, write, and handle numbers. Heavy fines were

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[1] See James E. Blackwell, The Black Community: Diversity and Unity. New York: Dodd, Meade, and Company 1975.

imposed upon persons who violated such laws and sometimes the terms of imprisonment were equally stringent. Later, only that amount of literacy necessary to assume the workloads dictated by the dominant group was permitted for Blacks during the period of slavery. In the northern States, governments did not ordinarily acknowledge the responsibility to educate Black children. And, initially, many northern States refused to open public school systems to Blacks. A color line was drawn. Consequently, millions of Blacks, forcibly torn from their homes in Africa, were condemned to ignorance and servitude.

Following the Civil War, improvements in the educational opportunity structure for Blacks were realized. But these were relatively short lived. Gains achieved during the Reconstruction Period were to be undermined by the decision in the Plessy v. Ferguson case which established the principle of separate-but-equal in 1896. Thereafter, and for more than a half century, a dual system of education operated by law throughout the southern parts of the United States and by de facto segregation policies in the North. These systematized patterns resulted from carefully constructed exclusionary policies which prevented a substantial number of Blacks from gaining access to higher education, graduate and professional schools. These situations, as will be described below, were overturned by the 1954 decision in Brown v. the Board of Education of Topeka, Kansas.

The American Indian, like most Blacks, did not initially seek incorporation into the American society. Their minority status was ascribed. It was deliberately imposed upon them as a consequence of prolonged series of conflicts, wars, and finally, conquest. The supremacy of the Federal forces in terms of military conquest, was ultimately established over the American Indians after the Civil War. However, the treaties signed with various Indian tribes usually specified or guaranteed educational facilities for Indian children as well as instruction in English. The commitments made in the various treaties were seldom honored. And not unexpectedly, it was not until almost a century after the Navajo treaty of 1868, the Federal Government began to build sufficient schools to meet the needs of elementary school children among the Navajo people.[2] Through various policies implemented by the Federal Government, Indians were forced into a defensive position in order to protect their traditions and culture.

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[2] William H. Kelly, A Study of Southern Arizona School Aged Indian Children, 1966-1967. Tucson, Arizona: Bureau of Ethnic Research, University of Arizona, p. 61; See also, Meyer Weinberg, Minority Students, A Research Appraisal, Washington, D.C.: National Institute of Education 1977, p. 307.

Their heritage, their language-essential elements in culture—came under unrelenting attack as forced assimilation was legalized. According to Margaret Szasz "Indian Bureau Education failed to develop programs geared to the needs of Indian people."[3] In the late 1960's and early 1970's, having begun to redefine the constitutional status of Indians, the American Congress began to enact legislation to permit more Indian control of Indian education.[4] But, the legacy of inattention to elementary, secondary, and post-secondary education for American Indians had already rendered untold harm to Indians for generations to come.

Chicanos and Puerto Ricans became Americans through annexation and territorial expansion. In the case of the Chicanos, the promises of the treaty of Guadalupe-Hidalgo, which ended the war with Mexico, have never been fulfilled. As Weinberg states,

> "As a consequence of the War of 1846-48, Mexico lost one-third of its territory to the United States. The treaty of Guadalupe-Hidalgo legal-

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[3] Margaret Szasz, Education and the American Indian, The Road to Self-Determination, 1928-1973, Albuquerque, New Mexico: University of New Mexico Press, 1974, p. 188 and cited in Weinberg, Ibid.

[4] Ibid., p. 309.

ized this immense transfer of land and provided that Mexicans that chose to remain under American rule could practice their own religious rights and exercise other cultural rights. Concentrated almost entirely in the State of Texas after the mid-19th Century, Mexican-Americans enjoyed a few civil rights and suffered widespread exclusion from community resources. Schools regularly refused to enroll their children. By 1900 or so, here and there, they were admitted to attend only "Mexican" schools. These officially segregated schools were established by explicit school board action. Even during the 1920's, many Texas towns refused admittance of Mexican-American youths to high schools. Except for a tiny group of wealthy Mexican-Americans, educational opportunities did not exist. California in the 1920's-1930's segregated the Mexican-American children. Segregation within formally desegregated schools was familiar. Sometimes for example, graduation

ceremonies for Anglo and Mexican-American eighth graders were on separate days."[5]

Implicit in the treaty of Guadalupe-Hidalgo was then an agreement to protect the cultural heritage of all those persons of Mexican descent who elected to stay in the newly acquired Mexican land north of the Rio Grande River. Guarantees for bilingual education were also included. In much the same way, the fact that Puerto Ricans became a part of the American commonwealth, following an American victory in the Spanish-American War, also raised the issue of biculturalism and bilingual education.

Both the Chinese and Japanese began to experience various forms of segregation and discrimination immediately upon their entry into the United States in the 19th century. Opposition to the Chinese became so widespread, especially in California, that the Chinese would eventually become the only American group to be declared outcast by law. Hence, the Chinese Exclusion Act of 1882 evidenced the demeaned status assigned to this population. The Japanese, on the other hand, are the only group in this country to ever experience the dual hardships of land expropriation and internment in concentration camps.

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[5] Ibid., p. 286.

Hence, Blacks, Chicanos, Puerto Ricans, Indians, and Asians were segregated and discriminated either on reservations or in the urban ghettos and barriers of American cities. Those processes impacted on the quality of education provided these groups, types of schools constructed for them, form of curricula offered to them, adequacy of equipment and learning resources made available to them, form of instruction and pedagogical techniques offered them, and inevitably, their capacity to compete in an open society. Such conditions produced serious educational problems for these minority groups to overcome. To alleviate conditions which emanated from previous educational disabilities, the Federal Government and several universities and colleges responded positively to pressure from these groups for change.

The segregation and discrimination processes fostered the development of parallel institucional structures among each of the minority groups' sub-social system. In a sense, despite the efforts to make American Indians instant Americans, for example, or to impede the assimilation processes for other minority groups, a form of pluralism emerged in parallel institutional arrangements.

Speaking of this among Blacks, the assertion has been made that:

> "Pluralism in this case means the development of institutions (e.g., separate educational institutions in business, churches, banks catering specifically to Blacks) that are similar to those found in the larger society in such a manner as to give rise to a Black community. The institutions and, consequently, the community emerged from racial segregation as well as from the exclusionary policies of the dominant group. Slavery, for example, was accompanied by racism. Racism in turn helped to legitimate discrimination and enforced segregation, which were instrumental in establishing boundary-maintenance systems. These systems then prevented the incorporation of Blacks into the larger social system. In time Blacks were forced to evolve institutional arrangements necessary to meet functional needs common to any human group. Thus, Black people, being denied entry as equals into the mainstream

> social system, created their own instituional forms in religion, marriage and family, education, government, economics, recreation and so forth."[6]

Hence, inequalities were fostered by de jure segregation and discrimination and reinforced by social practice. Nevertheless, minority groups continued their quest for equality of opportunity, recognition as American citizens entitled to an equal chance of growth development and prosperity, and constitutional guarantees. The most important organized attacks against de jure and de facto segregation and discrimination occurred in the courts. Issues raised in this process were directed against inequities in both higher education as well as in elementary and secondary education.

Higher Education

American Blacks were in the forefront of the movement to eliminate segregation and discrimination in colleges and universities. Primarily in response to Plessy v. Ferguson, the various southern States established separate colleges and universities for the races. A sizeable number of philanthropic organizations also assisted in

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[6] Blackwell, op. cit. p. 6.

the development of collegiate education for Blacks by establishing several colleges and universities, primarily in the South. In time, approximately 116 predmoninantly Black colleges were established in the United States. Only three of them were located outside of the South: Wilberforce University in Ohio, and Lincoln University and Cheyney State College in Pennsylvania. Among the predominantly Black colleges and universities were only two institutions which trained or provided professional education for Blacks: Meharry Medical College in Nashville, Tennessee and Howard University in Washington, D.C. Therefore, most of these institutions provided undergraduate programs.

Because of segregation and discrimination, then, a distinct majority of all Black medical and health professionals were trained at only two institutions. In order for Blacks to receive graduate training, if they were residents of southern States, it was necessary for them to seek admission in graduate schools located in the North and West. Even in those regions, despite their claim to equality of opportunity for all persons regardless of race, Black students frequently found it difficult to gain admission to post-secondary educational facilities. In fact, fearing victimization by discriminatory and exclusionary policies, many northern Blacks enrolled in the predominantly Black colleges of the South.

Southern Black graduate students decided to seek entry into State-supported graduate schools within the States of their own residence, but they were excluded. Hence, in 1933, they turned to courts for relief.

The first significant case involved Donald Murray, a Black graduate of Amherst College, who sued successfully to gain admission to the University of Maryland and, in 1935, the courts decided in his behalf.[7] However, Murray's success in gaining entry into the University of Maryland was not a success that would then be universally shared by other Blacks who sought admission into other State-supported universities. In fact, a pattern emerged in the southern States which forced Blacks to initiate individual suits in the various courts. This practice was obviously a strategy of circumvention and calculated delay.

In 1936, another Black who wanted admission into a professional school, Lloyd Gaines, applied for admission to the law school of the University of Missouri. Upon rejecting Mr. Gaines, he was advised of two options open to him: 1) request all-Black Lincoln

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[7] University of Maryland v. Donald T. Murray, 169 MD 478 (1936).

University in Jefferson City, Missouri, to establish a law course for Black students; or 2) he could apply for an out-of-state scholarship which the State would provide to assist him in gaining legal education in any State outside of Missouri that would accept him. Gaines sued and his case was finally appealed to the United States Supreme Court which decided in his favor in 1938. In this decision, the United States Supreme Court stated that out-of-state scholarships were an unsatisfactory response to Black students who sought equal educational opportunity within their own State boundaries. However, Gaines' success before the United States Supreme Court did not prevent the Missouri State Legislature from establishing a separate school of law at the all-Black university in order to avoid desegregating all-white University of Missouri's Law School.[8]

A similar tactic was taken by the Texas State Legislature when Herman Sweatt sought entry into the law school at the University of Texas. The State Legislature responded by establishing a separate school of law in all-Black Texas Southern University which was, of course, unsatisfactory.

Herman Sweatt sued and the court ordered the law school of the University of Texas to admit him in 1950. In the meantime, Ada Lois

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[8] Gaines v. Canada, 305 U.S. 337 (1939).

Sipuel, who had also sued for admission to the Oklahoma University Law School, won a favorable decision by the United States Supreme Court in 1948, and was ordered admitted to the Oklahoma University Law School.

In another important case, G. W. McLauren won admission to the graduate school of education at the University of Oklahoma. However, he was segregated within the University itself. He sued to eliminate within-school segregation. In 1950, the United States Supreme Court ruled that substantial equality was not provided by the segregated arrangements made by the University of Oklahoma and ordered an end to segregated facilities within the University.[9]

By 1950, various southern States were employing one of the following tactics designed to circumvent desegregation in graduate and professional schools: 1) encouraging Blacks to accept out-of-state scholarships which were considerably less than the actual cost of graduate education for their specific programs in the State of their choice; 2) increasing appropriations to State-supported predominantly Black colleges to create the appearance of separate-but-equal institutions and facilities; and 3) establishing regional educational

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[9] cf. Blackwell, op. cit. and Jack Greenburg, Race Relations in American Law. New York: Columbia University Press, 1959.

facilities or associations which would permit Blacks freedom to move from one southern State to another to attend a participating institution. Under this arrangement, for example, rather than admit Blacks to an all-white State-supported medical school in Alabama, Black students were sent to predominantly Black Meharry Medical College in Nashville, Tennessee; and 4) a few States voluntarily admitted a few token Blacks into their exclusively white graduate schools. However, equality of access was obviously not then in the offing.

In lower levels, the most momentous decisions in the courts during [illegible] period was the 1954 decision in Brown v. Board of Education of Topeka, Kansas. The principle of separate-but-equal was entirely and unequivocally rejected by the United States Supreme Court. Shortly thereafter, and following studied resistance by many school districts and States, the desegregation process began in elementary, secondary, and post-secondary institutions.

Although as indicated below, a considerable amount of desegregation occurred in the 1960's in contrast to the limited amount of desegregation in colleges and universities witnessed in the 1950's. By the end of the 60's, it was apparent that most southern States had not moved beyond mere tokenism. Hence, in 1972, in response to the Adams v. Richardson suit, U.S. District Judge John H. Pratt ordered

nine southern States and the State of Pennsylvania to dismantle their dual systems of publicly supported higher education. Under this order these States, and by implication other similarly circumstanced States, were expected to establish a unitary system of higher education to which all students of all races would have equal access. Immediately affected by Judge Pratt's decision were the States of Arkansas, Florida, Georgia, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, Pennsylvania, and Virginia. Collectively, these States became subsequently identified as "the Adams states."[10]

The decision in the Adams case also emanated from the insistence of the Office of Civil Rights and other offices of the Department of Health, Education, and Welfare which warned segregating institutions that they were in danger of losing Federal grants should they not comply with Federal orders to desegregate either their institutions or their educational systems. The Office of Civil Rights seemed reluctant to formalize the meaning of non-compliance with

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[10] cf. James E. Blackwell, Access of Black Students to Graduate and Professional Schools. Atlanta: The Southern Educational Foundation, 1975; James E. Blackwell, The Participation of Blacks in Graduate and Professional Schools: An Assessment, Atlanta: Southern Education Foundation, 1977; and James E. Blackwell, "Faculty and Student Issues in Five Selected Adams States: A Statistical Analysis", A paper presented at a conference on access in the Adams States, November 5-6, 1976 in Atlanta, Georgia.

Federal orders. Consequently, most of the affected States continued their exclusionary practices and token desegregation of higher educational facilities. It is in this context that the Adams v. Richardson suit was initiated. When the States were directed to submit desegregation plans to the Office of Civil Rights, five ignored the directive and five submitted plans that were either totally or partially unacceptable. The NAACP Legal Defense and Educational Fund (LDF) continued to pressure for the dismantling of a dual system of higher education in the States covered by Adams v. Richardson. In March 1977, the Office of Civil Rights was given ninety days by Judge Pratt's court within which to develop guidelines for the dismantling process that would meet the critical test of acceptability as established by the Court.

Another important episode in the quest for equality of opportunity by minority groups in the United States was the civil rights movement of the 1960's. As a result of coordinated and systematic attacks, generated by American citizens of all races, against all forms of segregation and discrimination, several pieces of enabling legislation were enacted by local, State, and Federal government bodies. Among these were Voting Rights Acts of the 1960's, the Civil Rights Act of 1964, and the Housing Act of 1968. In addition, several executive orders were also issued during this period.

Of these, the Civil Rights Act of 1964 is most germane for this analysis. Title VI of the Act precludes discrimination on the basis of race, color, or national origin in any program or activities receiving Federal assistance. Each Federal agency is charged with enforcing Title VI as regards recipients of Federal assistance from the agency. Particularly, the Office of Civil Rights had enforcement responsibilities for educational institutions, including graduate and professional schools. While this provision is phrased in anti-discrimination language, regulations published by the Department of Health, Education, and Welfare, for example, under its authority contemplate affirmative action either for a remedy for past discrimination or as a voluntary program undertaken by an educational institution without incidents of past discrimination.[11]

Title VII of the Civil Rights Act of 1964 precludes discrimination on the basis of race, color, sex, or national origin in employment. The Equal Employment Opportunity Commission is charged with overall enforcement responsibility for Title VII. This provision also uses anti-discrimination language; in addition, regulations published by

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[11] 45 CFR 80.3

the Equal Employment Opportunity Commission and its authority contemplate affirmative action programs.

Under Executive Order 11246 contractors of Federal agencies or those contracting for construction for projects with institutions or agencies using Federal assistance for contracts must not discriminate on the basis of race, color, sex, or national origin in their employment practices and they must take "affirmative action" to achieve the goal of equal opportunity in employment.

These types of achievements did not come without turmoil and conflict. Assassinations, protests, physical abuse against those who were attempting to desegregate school systems, and violence against proponents of equal educational and employment opportunity characterized the 1960's. Consequently, advocates of increasing the access to the opportunity structure are understandably alarmed at the prospects of seeing those gains either disintegrated or vitiated by new court decisions.

In spite of the limited gains made by the various minority groups consequent to civil rights legislation of the 1960's, evidence clearly indicates that equality of opportunity has not been achieved. This assertion is supported by an examination of empirical data describing the economic and educational status of selected minority groups.

THE SOCIAL, ECONOMIC, AND EDUCATIONAL STATUS OF SELECTED MINORITIES

BLACKS: By far the largest minority group in the United States, Black Americans comprise almost 12 percent of the total population. The estimated number of Blacks in the United States is approximately 24.4 million.[12] The Black population is regionally distributed as follows: 63 percent in the South, 39 percent in the North, 9 percent in the West. Three-fourths of all American Blacks live in metropolitan areas, and about two-thirds reside in the central cities. However, 27 percent of all Blacks live in central cities with populations of one million or more. The Black population is comparatively young. For example, the median age of all Black males in the United States is 21.9 years in comparison to 28.5 years for white males. The median age for Black females is 24.2 years as compared to 31.1 years for white females. Slightly less than one-half (47 percent) of Black males and 42 percent of Black females are under the age of 20.[13]

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[12] Bureau of the Census, The Social and Economic Status of the Black Population in the United States, 1974, Special Studies Series P-23, No. 54: Washington, D.C.: U.S. Government Printing Office, 1975, p. 10.

[13] Ibid.

The underparticipation of Blacks as well as other minorities in the labor force has a profound impact on the ability of families to provide the financial resources necessary to support the acquisition of educational attainment. Thus, adverse economic conditions in minority groups are a powerful barrier to equality of educational opportunity.

Unemployment for Blacks was almost 10 percent in 1971 in comparison to a 5.4 percent rate for the white population. In February 1975, the Bureau of Labor Statistics reported a national unemployment rate of 8.2 percent. This was the highest unemployment rate since the great depression. In the same year, unemployment rates for Blacks and other races, reached 13.4 percent and almost a third of all Black teenagers were unemployed. Clearly, unemployment had reached crisis proportions by 1975 in the Black community. According to the National Urban League hidden unemployment index, the unofficial unemployment rate for Blacks in the second quarter of 1976 was 25.4 percent. Thus, the proportion of Blacks out of work remained at about 1 out of every 4. It is also estimated that the general unemployment rate of Blacks in poverty areas has now reached 17.3 percent while Black teenage unemployment in 1976 jumped from 43 percent in the second quarter of 1975 to 53 percent

in the second quarter of 1976. However, the unofficial unemployment rate of Black teenagers in poverty areas is estimated at 64 percent.[14]

In terms of the occupational structure, not unexpectedly, a significant portion of Blacks are still concentrated in low skilled, unskilled, and service occupations. For example, more than twice the number of employed whites (27 percent) hold professional, managerial, and technical positions in comparison to the number of non-whites (13 percent). Blacks comprise 5.7 percent of white-collar workers; 5.8 percent of professional and technical workers; 1.4 percent of the engineers; 6.5 percent of teachers not including college teachers; and 6.4 percent of medical and other health workers. Blacks also represent 11.4 percent of all blue-collar workers including the 6.3 percent of crafts and kindred workers, 4.5 percent of the carpenters; 7.8 percent of construction craft workers; 5.9 percent of the mechanics and repairmen and 5.6 of the metal craft workers.[15]

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[14] The National Urban League, Special Report on the Socio-Economic Status of Blacks. Washington, D.C. The National Urban League, August, 1976.

[15] cf. Blackwell, Access of Black Students to Graduate and Professional Schools, p.7.

Discriminatory practices in the craft unions have consistently and effectively barred Blacks from equal participation in several industries. Consequently, these practices continue to contribute to the high unemployment rate among Blacks and other minorities. The fact that Blacks are situated in positions with low status and prestige, as well as positions resulting in limited financial renumeration, is reflected in the observation that more than a third of all private household workers (37.6 percent) and 37.8 percent of all cleaning service workers are Blacks.

Blacks still suffer from income disabilities of staggering proportions. Despite limited income gains achieved during the 1960's when the median income of Black families approximated 60 percent of the median income of white families, Blacks have not kept pace. The dollar gap between the median incomes of Blacks and whites continues to widen. For example, the income of white families rose by 8 percent in 1975 to $14,400, but the Black family income increased by only 5 percent or to $8,200. Hence, between 1974 and 1975 Black median family income declined from 58 percent of the white median family income to 57 percent. Similarly, the proportion of Black middle-income families decreased from one-fourth in 1973 to one-fifth in 1974. Therefore, only about one of five families

in the Black population had an income of $15,318 (A Bureau of Labor Statistics Intermediate Level) in 1975.[16]

Statistics on median family income seldom reveal the gravity of the disabilities associated with low income status. Poverty among the Black population is ubiquitous. As recently as 1975, 23 percent of all Black families had incomes under $4,000 per year. Fourteen percent of Black families, in contrast to 4 percent of white families, had incomes under $3,000 per year. More than one-half (53 percent) of all Black families, but only 33 percent of all white families, had incomes under $10,000 per year. In fact, more than three times as many Blacks, proportionally speaking, are low income when compared to the proportions in the white population. The percentages for Blacks and whites are 31 and 9 percent respectively. The implications concerning the ability of such families to provide financial support for post-secondary education for their children are quite profound.

When families headed by women are examined, the severity of the poverty profile becomes apparent. More than two-thirds of all poor Black families are headed by women. Women in low income groups who head households are less likely to work than men in

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[16] Bureau of the Census, op. cit., P-20, No. 302, p.9.

low income families. This situation may be explained by the inability of women to seek gainful employment because of the responsibilities of keeping house, caring for children, and because of the lack of low-cost day care facilities. Due to the magnitude and pervasiveness of income disabilities, it is safe to assume that a significant portion of Black students in colleges, graduate and professional schools do have low income family backgrounds. In order for such students to move toward gaining equality of educational opportunities, some form of governmental intervention, either in the form of jobs gained through the implementation of Affirmative Action Programs or through financially supported educational enrichment programs, is imperative.

Although the education gap between Blacks and whites is not of the scope that it was in the pre-Brown period, the proportion of whites who are able to complete elementary, secondary, and post-secondary education is still considerably greater than is that proportion for Blacks and other minorities. The median number of years of schooling for Blacks is about ten. For the white population, it is in excess of 12.

Between 1950 and 1975, the proportion of Black males who had completed four years of high school increased by 390 percent. The

proportion of Black women who had completed four years of high school increased by 416 percent. During the same period, the proportion of Black males who had achieved one to three years of college increased by 388 percent while that of Black females increased to 333 percent. Within the same time frame, Black males who had completed four or more years of college had reached 380 percent more than the 1950 figure. Black females who had completed four or more years of college increased by 315 percent.[17]

Approximately 85 percent of all white Americans and 72 percent of all Black Americans in the 20 to 24 year age bracket have completed high school. Proportionally, more white males have completed high school than either Black males, Black females, or white females in the age cohort. Among persons between the ages of 25 and 34, about three times as many white males (24.9 percent) as Black males (8.8 percent) and more than twice the number of white females (17.2 percent) than Black females (7.6 percent) have completed four years of college or more.[18]

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[17] The Chronicle of Higher Education, "Fact File" (September 13, 1976), p. 12.

[18] Bureau of the Census, op.cit., Series P-23, No. 54, p. 97.

As a result of the cataclysmic events of the 1960's the enrollment of Blacks in colleges and universities increased dramatically from 1968 to the present time. The enrollment trends initiated in 1968 can be attributed in part to the implementation of various forms of Affirmative Action and Special Admissions Programs, increases in financial aid to Black students, the enlargement of the available pool of potential college students through rises in the number of Black high school graduates, and more aggressive recruitment programs by colleges and universities.

Thus, by 1975 there were 426,000 more Black students in college than there were in 1970, representing an 80 percent increase. Also, by 1975 the proportion of Black high school graduates between the ages of 18 and 19 who enrolled in college approximated the proportions of white college enrollees or about 50 percent.[19]

The enrollment of Blacks in graduate and professional schools has been of such appallingly low proportions that Blacks comprise less than 3 percent of all physicians, about 2.2 percent of all dentists, and about 1.5 percent of all lawyers. Only one of

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[19] Bureau of the Census, "School Enrollment - Social and Economic Characteristics of Students: October 1975", Series P-20, No. 303. Washington, D.C.: U.S. Government Printing Office (December 1976), p. 2.

every 426 Ph.D's in the United States is Black. Only about 1 percent of all engineers are Black Americans.[20] Hence, the underrepresentation of Blacks in the professions is both apparent and real.

CHICANOS: Like Blacks, Chicanos are also an urban population. The 6,500,090 Chicanos represent the second largest minority group in the United States. They comprise 59.3 percent of all Spanish-origin persons in the United States. They are concentrated primarily in the Southwest, largely in the States of Arizona, California, Colorado, New Mexico and Texas. More than three quarters (76.8 percent) of all Chicanos reside in metropolitan areas. In the Southwest, Chicanos may comprise more

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[20] cf. Commission on Human Resources of the National Research Council, Minority Groups Among United States Doctoral Level Scientists, Engineers, and Scholars. Washington, D.C.: National Academy of Sciences, December 1974; The Commission on Human Resources and the National Research Council, Summary Report 1975: Doctorate Recipients from the United States Universities, Washington, D.C.: National Academy of Sciences, May 1976; Betty Vetter, Professional Manpower: A Resource Service of Data on Women and Minorities, Washington, D.C.: The Scientific Manpower Commission, 1976; James Harvey, Minorities in Advanced Degrees, Research Currents, ERIC Higher Education, June 1, 1972, and Richard Nemec, "Black Scientist", New Republic, (June 1970), pp. 15-17.

than 90 percent of all Spanish-origin persons living in central cities. This group is also a young population. The median age of Chicanos is 20.3 years. Over 45 percent of them are under the age of 17; 6.4 percent are between the ages of 18 and 20, and 7.5 percent are between 21 and 24 years of age.[21]

Almost 80 percent of all Chicano males 16 and over were members of the labor force of 1976. The unemployment rate among Chicano men was 10.5 percent in 1976, which is substantially lower than the unemployment rate for Blacks. Like Blacks, Chicanos tend to be employed in non-professional and low-paying occupations. Slightly more than 18 percent of Chicano men in the labor force are white-collar workers. Slightly less than two-thirds (62.5 percent) are blue-collar workers.

About 11 percent are service workers and somewhat more than 8 percent are farm workers. Among Chicano women, 44 percent are white-collar workers; 27.1 percent are blue-collar workers; and 26.3 percent perform service occupational roles. As a group, only about

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[21] Bureau of the Census, Persons of Spanish Origin in the United States; (March 1976), Series P-20, 302, Washington, D.C.: U.S. Government Printing Office (November 1976).

5.5 percent of Chicanos are employed in professional and managerial positions.[22]

In 1976, the median family income of Chicanos was $9,546. This was more than $1,300 higher than the median family income of Blacks in the United States and almost $2,000 higher than that of Puerto Ricans.

The median number of years of schooling completed by Chicanos is 8.8. It has been generally assumed that Chicanos are closing the gap in educational attainment when compared to themselves and whites. This assertion has recently been disputed by Carlos Arce, who claims that:

> "Frequently reported educational attainment figures have been misleading in overstating the average schooling of the Chicano population. This has happened because Chicanos have been lumped with all Spanish-origin persons in a single category. Chicanos have completed significantly less schooling than either other Spanish-origin groups, or Blacks or whites. Most important to this discussion are the portion in the 25 year old and over population and those who have completed high

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[22] Bureau of the Census, Ibid.

school or who have had at least one year of college. These figures for Chicanos are 29 percent who have completed high school and 9 percent who have had at least one one year of college. For whites, they are 63 and 26 percent, respectively, and persons of Spanish-origin, excluding Chicanos and Puerto Ricans, 53 and 24 percent. Expectations and assumptions that Chicanos have been catching up in the last half-dozen years are not confirmed by the data. Of the 20 to 24 year old Chicanos (who have reached college age between 1968 and 1972 — open college door period), 52 percent are high school graduates. This figure compares favorably with 29 percent for the 25 year old and over Chicano population, but less favorably when compared to the corresponding figure for Blacks (72 percent), and whites (85 percent). The gaps for Chicano college attendance, relative to both Blacks and whites, have actually increased for the 20 to 24 year old cohort, compared to the 25 year old and over persons. The respective figures for Chicanos, Blacks and Whites, 20 to 24 years of age, completing one year of college are 17, 27, 43 percent.

> These 142,000 Chicano and Chicana college students, represent less than 9 percent of the 1.6 million Chicanos and Chicanas between the ages of 18 and 34. There are also only 1.7 percent of the overall 8.2 million 14 to 34 year olds enrolled in colleges and 52 of the 275,000 Spanish-origin college students. Chicanos are thus doubly underrepresented, both relative to the Spanish-origin population and relative to the total population."[23]

PUERTO RICANS: With an estimated population of 1.8 million, Puerto Ricans comprise the third largest minority group in the United States. They are concentrated mainly in the States of New York, Massachusetts, Connecticut and Rhode Island. They are the most urban of all minority groups since 97 percent of the Puerto Ricans reside in metropolitan areas. Although they comprise 17.4 percent of all persons of Spanish-origin living in metropolitan communities, that portion may exceed 90 percent in some eastern communities. Like Chicanos and Blacks, the Puerto Rican population is very young. Slightly less than one-half (47.1 percent)

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[23] Carlos H. Arce, "Chicanos in Higher Education", Integrated Education 8 (May-June 1976), pp. 14-18.

are age 17 and under; 6 percent of them are between the ages of 18 and 20; and 6.7 percent are between 21 and 24 years of age.[24]

In 1976, the estimated unemployment rate among Puerto Ricans was 14.3 percent.[25] Slightly less than two-thirds of Puerto Rican men (62.5 percent) are blue-collar workers; 10.9 percent are service workers; and 8.4 percent are employed on farms. Approximately 6 percent of Puerto Ricans are employed in professional, managerial positions. Puerto Ricans, like Chicanos and Blacks, are concentrated in low paying and less prestigous occupations. In 1976, the median family income among Puerto Ricans was $7,291.[26]

The median number of years of schooling for Puerto Ricans is 8.7 years. Because of income disabilities, language barriers, and the result of discrimination and prejudice, it is only in recent years that Puerto Ricans have begun to move into higher education in significant numbers. Although this point will be explicated in greater detail in a forthcoming section, it should be noted that Puerto Ricans are greatly underrepresented in all graduate and professional fields.

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[24] Bureau of the Census, Persons of Spanish Origin in the United States (March 1976), Series P-20, 302, Washington, D.C.: U.S. Government Printing Office (November 1976), p. 32.

[25] Ibid., p. 10.

[26] Ibid.

AMERICAN INDIANS: Of all the groups mentioned here, American Indians are the most disadvantaged. Their estimated population is in excess of 800,000. They are dispersed on more than 200 reservations in the continental United States and on reservations in Alaska and in urban communities to a lesser degree. The unemployment rate among American Indians is so widespread as to be almost beyond description. As recently as 1967, "the unemployment rate for reservation Indians was 37.3 percent". Surveys of particular reservations have provided evidence suggesting that things may be even worse than the national figures would indicate.[27]

Among the Navajo, the unemployment rate in 1974 was 40 percent. This rate compared to a statewide rate of 5.6 percent in Arizona. In other words, the unemployment rate among Navajos was about eight times greater than that in the State of Arizona.

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[27] Howard M. Bahr, et. al., (eds.) Native American - Today's Sociological Perspectives. New York: Harper and Row, p. 40.

In 1971, however, according to the Office of Navajo Relations, the Navajo unemployment rate was 65 percent. It declined in 1973 to 50 percent. There was a 40 percent unemployment rate reported in 1974, but this decline from earlier figures has implications that extend far beyond the absence of work itself.

Unemployment of such staggering proportions translated into characteristically low average annual incomes. On reservations, the average annual income is only about $1,500. It is considerably less than that among several American Indian groups. For example, according to the United States Commission on Civil Rights, the per capita income per year for Navajo is only $900.[28] But the indices of poverty are considerably more pervasive or ubiquitous. Sanitation and health facilities on Indian reservations, without a doubt, are the worst in the nation. Substandard housing may run as high as 90 percent. Health conditions are grim. The life expectancy of Indians due to debilitated health conditions associated with low income, is ten years less than the national average.[29]

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[28] The United States Commission on Civil Rights, The Navajo Nation: An American Colony. Washington, D.C.: The United States Commission on Civil Rights (1975), p. 45.

[29] op. cit., 45-46.

Because of the barriers of equal education opportunity, as reflected in geographical isolation, territorial confinement, segregation and discrimination in incomes and occupations, American Indians have been far less successful in educational attainment than all other minority groups. Nationally, the median number of years of schooling completed by American Indians is slightly more than 5 years. The average number of years of schooling among American Indians may reach as low as 2.7 years in Arizona or 4.3 years in New Mexico. Their entry into higher education in any appreciable number is a phenomenon of the 1960's.[30]

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[30] James E. Blackwell, "Social Factors Adversely Affecting Minority Group Education". New York: College Entrance Examination Board, Forthcoming.

ASIANS:* According to U.S. Census data, there are about 591,000 Japanese and 435,000 Chinese in the United States. Like Asian Americans, in general, these two groups are concentrated in urban areas (97 percent for the Chinese and 89 percent for the Japanese). More than 81 percent of the Japanese reside in the West but the Chinese are more evenly distributed between the East, Northeast and West. However, 36 percent of all Japanese, and 39 percent of all Chinese live in the State of California alone. Among the Chinese, 27 percent live in the Northeast and 20 percent live in the State of New York. About 48 percent of the Japanese and 68 percent of the Chinese reside in urban inner cities. About 29 percent of the Japanese are considered young but the percentage of Chinese under 18 is about 32 percent, or slightly below the U.S. average of 34 percent.

Seventy percent of all Japanese males age 16 and above have completed high school and 19 percent have completed college. Both of these figures are above the national average. Japanese men in this age cohort have a median of 12.6 years of schooling completed.

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*The focus of this discussion is on Japanese and Chinese Americans. It is based upon data presented in A Study of Selected Socioeconomic Characteristics of Ethnic Minorities Based on the 1970 Census, Vol. II-Asian Americans. Arlington, Virginia : Urban Associates, 1974.

The median year of schooling among Japanese females is 12.4 years and 11 percent of them have completed college. About one-fourth (23 percent of Chinese American men have had only an elementary school education or less. But 25 percent of Chinese men age 16 and older have obtained college degrees and this is double the U.S. average of 13 percent. The median number of years of schooling completed by Chinese men is 12.6 years. Chinese women who have completed college is twice the female average for the U.S. as a whole.

About 80 percent of Japanese men and 73 percent of Chinese men 16 and over participate in the labor force. The percentage of Japanese men and women in the labor force is about 50 percent. The unemployment rates among Japanese and Chinese, men and women, is about one-half the national average. About 30 percent of the Japanese men are employed as skilled or semi-skilled blue-collar workers (although these figures will vary from place to place) and about 31 percent are categorized as professionals, technical and managerial workers. The fact that not all Japanese workers have achieved white-collar status is evidenced by the fact that 21 percent of the females are employed in menial service occupations. About 40 percent of all working Chinese males are employed in professional and managerial occupations. Many are concentrated in engineering and health fields due primarily to the fact that these subjects were stressed

in China and "because ability in these fields is less dependent upon skills with the English language". However, 24 percent of Chinese men are employed as service workers. The figure is higher for Chinese women in some cities such as San Francisco (31 percent female service workers) and New York (46 percent employed as service workers). Nevertheless, 23 percent of all Chinese women are employed in professional and managerial occupations.

The income distribution among Japanese men shows that about one-third (31 percent) earn less than $4,000 per year. Another third (33 percent) earn over $10,000 per year. Given their proportions among the highly educated, the salaries of Japanese males lag considerably behind those of other persons of similar educational attainment in the United States. Over half of the Japanese women (58 percent) earn less than $4,000 per year and 5 percent earn more than $10,000 annually. However, the median family income of the Japanese is about $3,000 higher than the national average. This, undoubtedly, reflects the higher salaries earned for residents of Hawaii.

Among the Chinese, the median family income is about $1,000 higher than the national average, using 1970 census data. About 13 percent of all Chinese families have incomes under $4,000 but 54 percent have incomes in excess of $10,000 per year.

The data presented in this section, therefore, describes the similarities, differences or heterogeneity existing among these selected minorities in socio-economic status.

THE NEED FOR PROFESSIONAL EDUCATION

It is apparent that, despite major decisions by the United States Supreme Court which made segregation and discrimination illegal, these practices have continued throughout the United States. These practices foster widespread economic deprivation, psychological impairment and social alienation. Minority groups have been so adversely affected by both blatant and subtle discrimination in employment and by exclusionary policies and practices in education that actions are a necessary pre-condition for remedying and for bringing relief from these conditions. In employment, a sustained catch-up effort is vital. In education, consistent programmatic activities which will assure broader and more inclusive participation of minority groups in graduate and professional education should be broadly implemented. When a group's educational attainment is so far below that of the national average, and when a group's unemployment or subemployment debilitates them or forces them to be more preoccupied with how to survive in what they define as a hostile society, and when professional services and a professional class are unavailable to such groups, sound intervention strategies are demanded.

One form of intervention strategy lies in professional education. A professionally educated group of people is a sine qua non for the support of a highly industralized and technologically oriented social system. Individuals are needed to perform highly varied tasks necessary to maintain the social system as a whole. In industralized and technologically oriented social systems, there is always the risk that a comparatively small number of people will achieve professional status and recognition. In societies characterized by institutionalized patterns of segregation and discrimination, the risk is even greater that those professionals will come from a dominant group power structure. To combat that danger, the social system must become less rigid and more open so that all segments of the population will be reasonably represented among the professional class assuming, of course, equal access to professional education.

Inasmuch as professionals tend to earn considerably higher incomes in the American society, the movement of greater numbers of minority group members into professional occupations is one way of facilitating upward mobility and the disintegration of the poverty cycle. Equally important is the fact that educated professionals tend to become "significant others" and primary role models for other members of their groups. The relative paucity of minority group engineers, scientists, social scientists, physicians, dentists, health pro-

fessionals, educators, and other types of professionals clearly demonstrate a need for substantial increases of such individuals. Similarly, a greater awareness of their existence is required. This means even greater visibility and accessability of professional individuals and groups to younger persons who may aspire to become professionals or to improve their overall social and economic status in life is critical in the identification of role models.

There is considerable support for the notion that minority groups do foster high levels of aspirations in their homes. For example, in a study of Black college students in Black colleges, reported by Patricia Gurin and Edgar Epps, the top ten career choices for Black men in this 1970 survey were: 1) architect or designer; 2) doctor in a private hospital; 3) staff surgeon in a large hospital; 4) industrial research scientists; 5) lawyer in private practice; 6) lawyer in civil rights work; 7) school administrator; 8) statistician and engineer; and 10) marketing or advertising executive. By contrast, the top ten career choices for women were: 1) school administrator; 2) IBM machine operator; 3) fashion designer; 4) interior decorator; 5) administrator in social welfare; 6) child psychologist or child development worker; 7) a special education teacher; 8) a social worker; 9) an IBM programmer; and 10) a

counseling or psychological therapist.[31] Undoubtedly, these choices reflect the inspiration provided by role models, an awareness of career options available, as well as traditions regarding sex roles and occupations.

Men and women tended to aspire to jobs that were traditionally sex linked. The occupational expectations of women were considerably lower than those for men. In other studies a significantly larger number of young Black college students aspire to careers in such professions as medicine, dentistry, pharmacy, and law.[32]

It is apparent, therefore, there is a notable disjunction between the career choices indicated by minority students and the opportunities available to them to achieve according to their aspirations. It very well may be that, confronted with perceived insurmountable barriers and limited opportunities to realize their goals, many minority group students redefine their aspirations into lower achievement levels. Hence, higher aspiration levels and high

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31 Black Consciousness, Identity and Achievement. New York: John Wiley and Sons, (1975).

32 William M. Boyd, II, Desegregating American Colleges. New York: Praeger, (1974), p.9.

home self-esteem are all but obliterated by events which occur in educational institutions and in the social milieu which supports them. These situations are buttressed and reinforced by pervasive economic deprivation and demoralizing unemployment and low income gains.[33]

Undoubtedly, it is in the area of the delivery of health care services to various groups of people that the need for professionals is most

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[33] For further elaboration on the question of aspirations among minority group students, see Edgar Epps "Impact of School Desegregation on Aspirations in Self-Concept and Other Aspects of Personality." Donald J. Anson and Ray Rist (eds.) Law and Contemporary Problems, Duke University School of Law, (1975), pp. 300-314; Bruce Hare, "Relationships of Social Backgrounds to Distinctions of Self-Concept", a 1975 unpublished doctoral dissertion at the University of Chicago. Donald E. Kotter, et. al., "Comparative Study of Negro and White Attitudes Associated with Educational-Occupational Aspirations", Journal of Negro Education 41 (1972), pp. 361-364; Ronald Reboussin and Gerald D. Goldstein, "Achievement Motivation in Navajo and White Students, in Howard Bahn, et. al., op. cit. pp. 172-177 and Morris Rosenburg and Roberta G. Simmons, Black and White Self-Esteem: The Urban School Child. Washington, D.C.: American Sociological Association, (1972). For further discussion on the issue of redefinition of aspirations and achievement motivation among Black students, see Gerald B. Bachman, Youth on Transition Vol. 2, Ann Arbor, Michigan: Institute for Social Research, University of Michigan, (1970); William M. Folk and A. G. Cosby, "School Desegregation and The Educational Projections of Rural Black Youth", Rural Sociology 39:1, (1974), 28-41; and Irwin Katz, "The Socialization of Academic Motivation In Minority Group Children" In Nebraska Symposium on Motivation, Vol. 15, Lincoln: University of Nebraska, (1967).

clearly dramatized. Significant health care information accumulated in recent years demonstrates through statistical means the quality of health among various groups of people and of the health status of the United States population. Not invariably when examining the whole spectrum of indices used by society to define health status, it is clear that to be non-white is a decided disadvantage.

Among the 35 countries with the highest life expectancy, the United States as a whole ranks seventh for female and nineteenth for male life expectancy at birth. (See Tables 1 and 2). For the non-white Americans, the statistics for females suggest comparability with the nations ranking in the lowest portion of this group of 35 countries, while those statistics for non-white males indicate that they fall far below the last country on this list. (See Table 3). This trend is continued when one examines infant mortality rates and other parameters. (See Tables 4 and 5). These tables show that between 1900 and 1974 the life expectancy rates of all Americans tended to increase significantly. However, when comparing white males and Black males, or when comparing white females and non-minority females, it is clear that the minority males and females die at an earlier age than do white males or white females.

In fact, white males tend to live on the average six years longer than do non-white males and white females tend to live on the average as much as five or more years longer than do non-white females.

Life expectancy at birth for females: selected countries

(Selected countries, ranked according to expected years of life for most recent period available)

Rank	Country	Data Period	Life Expectancy
1	Sweden	1972	77.41
2	Norway	1966-70	76.83
3	Netherlands	1972	76.8
4	France	1971	76.1
5	Japan	1972	75.92
6	Denmark	1970-71	75.9
7	UNITED STATES	1972	75.2
8	Canada	1965-67	75.18
9	Switzerland	1960-70	75.03
10	Germany, Democratic Republic of	1969-70	74.19
11	Australia	1960-62	74.18
12	Austria	1972	74.1
13	USSR	1970-71	74
14	United Kingdom	1968-70	73.81
15	Poland	1970-72	73.76
16	New Zealand	1960-62	73.75
17	Finland	1966-70	73.57
18	Belgium	1959-63	73.51
19	Germany, Federal Republic of	1968-70	73.44
20	Italy	1964-67	73.36
21	Czechoslovakia	1970	72.94
22	Ireland	1965-67	72.85
23	Israel	1972	72.83
24	Bulgaria	1965-67	72.67
25	Hungary	1970	72.05
26	Spain	1960	71.90
27	Uruguay	1963-64	71.56
28	Portugal	1970	71.02
29	Romania	1970-72	70.85
30	Greece	1960-62	70.70
31	Argentina	1965-70	70.22
32	Yugoslavia	1970-71	70.14
33	Singapore	1970	70.0
34	Albania	1965-66	67.0
35	Sri Lanka	1967	66.9

NOTE: This table is limited to sovereign countries with estimated populations of 1 million or more, with life expectancy based on 1960 or more recent data for the female population. The table is further limited to the 35 countries with the highest life expectancy shown in the Demographic Yearbook of the United Nations, 1973.

SOURCE: National Center for Health Statistics.

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Life expectancy at birth for males: selected countries

(Selected countries, ranked according to expected years of life for the most recent period available)

Rank	Country	Data Period	Life Expectancy
1	Sweden	1972	71.97
2	Norway	1966-70	71.09
3	Netherlands	1972	70.8
4	Denmark	1970-71	70.7
5	Japan	1972	70.49
6	Israel	1972	70.14
7	Switzerland	1960-70	69.21
8	Germany, Democratic Republic of	1969-70	68.85
9	Bulgaria	1965-67	68.81
10	Canada	1965-67	68.75
11	Ireland	1965-67	68.58
12	France	1971	68.5
13	New Zealand	1960-62	68.44
14	Australia	1960-62	67.92
15	Italy	1964-67	67.87
16	United Kingdom	1968-70	67.81
17	Belgium	1959-63	67.73
18	Greece	1960-62	67.46
19	UNITED STATES	1972	67.4
20	Spain	1960	67.32
21	Germany, Federal Republic of	1968-70	67.24
22	Poland	1970-72	66.83
23	Austria	1972	66.8
24	Hungary	1970	66.28
25	Romania	1970-72	66.27
26	Czechoslovakia	1970	66.23
27	Finland	1966-70	65.88
28	Uruguay	1963-64	65.51
29	Portugal	1970	65.30
29	Yugoslavia	1970-71	65.30
31	Singapore	1970	65.1
32	USSR	1970-71	65
33	Albania	1965-66	64.9
34	Sri Lanka	1967	64.8
35	Argentina	1965-70	64.06

NOTE: This table is limited to sovereign countries with estimated populations of 1 million or more, with life expectancy based on 1960 or more recent data for the male population. The table is further limited to the 35 countries with the highest life expectancy shown in the Demographic Yearbook of the United Nations, 1973.

SOURCE: National Center for Health Statistics.

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Selected life table values, by color and sex: United States death-registration areas,[1/] selected years 1900-74

Life table value and year	Total	White		All other	
		Male	Female	Male	Female
Life expectancy at birth:					
1974 (est)------	72.0	68.9	76.7	62.9	71.3
1973 ----------	71.3	68.4	76.1	61.9	70.1
1972 ----------	71.1	68.3	75.9	61.5	69.9
1970 ----------	70.9	68.0	75.6	61.3	69.4
1960 ----------	69.7	67.4	74.1	61.1	66.3
1900 ----------	47.3	46.6	48.7	32.5	33.5
at age 20:					
1973 ----------	53.4	50.5	57.7	44.9	52.6
1900-1902 ------	42.8	42.2	43.8	35.1	36.9
Percent reaching age 65:					
1973 ----------	72.9	67.5	82.2	51.0	68.1
1900-1902 -----	40.9	39.2	43.8	19.0	22.0

SOURCE: National Center for Health Statistics, Vital Statistics of the United States, Vol. II, Mortality. Selected years.

1/ Increased from 10 States and the District of Columbia in 1900 to the entire coterminous United States in 1933.

Infant Mortality Rates: Selected Countries, 1973

(Rates are deaths under one year of age per 1,000 live births)

Rank	Country	Rate
1	Sweden	9.6
2	Finland	*10.1
3	Norway (1972)	11.3
4	Netherlands	*11.6
5	Japan (1972)[1/]	11.7
6	Switzerland	*12.8
7	Denmark (1971)	13.5
8	France (1972)[2/]	*16.0
8	German Democratic Republic	16.0
10	New Zealand	16.2
11	Australia (1972)	*16.7
12	Canada	16.8
13	Belgium	*17.0
14	United Kingdom (1972)	17.3
15	UNITED STATES	17.7
15	Ireland	*17.8
17	Federal Republic of Germany (1972)	*20.4
17	Singapore	*20.4
19	Czechoslovakia	*21.2
20	Israel	22.1
21	Austria	*23.7
22	Spain (1971)[3/]	*25.2
23	Italy	*25.7
24	Bulgaria	*25.9
25	Jamaica	26.2
25	Trinidad and Tobago (1972)	26.2
27	USSR[3/]	*26.3
28	Greece (1972)	*27.8
29	Poland (1972)	28.5
30	Hungary	*33.5
31	Romania	38.2
32	Uruguay (1971)	40.4
33	Yugoslavia	*43.3
34	Portugal	*44.8
35	Sri Lanka (1972)	*45.1
36	El Salvador (1971)	52.5
37	Costa Rica (1971)	56.5
38	South Africa (1971)	*63.2
39	Chile (1970)	78.8
40	Guatemala	79.1

*Provisional

1/ Excludes data for Okinawa.

2/ The 1973 rates of 12.9 for France and 15.1 for Spain were not used because they exclude live born infants dying before registration of birth.

3/ Data exclude infants born alive of less than 28 weeks gestation, less than 1000 grams in weight and 35 cm in length, who die within 7 days of birth.

NOTE: This table is limited to sovereign countries with estimated populations of one million or more, and with "complete" counts of live births and infant deaths, as indicated in the 1973 Demographic Yearbook of the United Nations.

SOURCE: National Center for Health Statistics

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Infant mortality rates by age and color: United States, 1950 and 1960-73
(Rates are deaths under 1 year per 1,000 live births)

Year	Total			White			All other		
	Under 1 year	Under 28 days	28 days to 11 months	Under 1 year	Under 28 days	28 days to 11 months	Under 1 year	Under 28 days	28 days to 11 months
1973	17.7	13.0	4.7	15.8	11.8	4.0	26.2	17.9	8.3
1972	18.5	13.6	4.9	16.4	12.4	4.0	27.7	19.2	8.5
1971	19.1	14.2	4.9	17.1	13.0	4.0	28.5	19.6	8.9
1970	20.0	15.1	4.9	17.8	13.8	4.0	30.9	21.4	9.5
1969	20.9	15.6	5.3	18.4	14.2	4.2	32.9	22.5	10.4
1968	21.8	16.1	5.7	19.2	14.7	4.5	34.5	23.0	11.6
1967	22.4	16.5	5.9	19.7	15.0	4.7	35.9	23.8	12.1
1966	23.7	17.2	6.5	20.6	15.6	5.0	38.8	24.8	13.9
1965	24.7	17.7	7.0	21.5	16.1	5.4	40.3	25.4	14.9
1964	24.8	17.9	6.9	21.6	16.2	5.4	41.1	26.5	14.6
1963	25.2	18.2	7.0	22.2	16.7	5.5	41.5	26.1	15.4
1962	25.3	18.3	7.0	22.3	16.9	5.5	41.4	26.1	15.3
1961	25.3	18.4	6.9	22.4	16.9	5.5	40.7	26.2	14.5
1960	26.0	18.7	7.3	22.9	17.2	5.7	43.2	26.9	16.4
1950	29.2	20.5	8.7	26.8	19.4	7.4	44.5	27.5	16.9

SOURCE: National Center for Health Statistics: Vital Statistics of the United States, 1973, Vol. II, Mortality, Part A. (In press).

According to data collected by the National Center for Health Statistics, non-white individuals are simply not as healthy as are white Americans. For example, in Table 6 it is shown that slightly more than one-third of all non-white Americans report health in the "excellent" category while slightly more than one-half of all white Americans report health in the "excellent" category. By contrast, non-white Americans report that their health is more frequently categorized as either "good", "fair" or "poor" in comparison to the status of health reported by the white population.

Although regional differences are indicated in health status, the most significant variation is between groups registered in terms of family income. The data indicates that the higher the family income, the more likely the health is to be categorized as "excellent". Conversely, the lower the family income, the more likely the health is to be categorized as "poor". In fact, according to the data presented in Table 6, those persons who report income under $5,000 per year are much more likely to report health status as either "fair" or "poor" than are persons whose incomes are $15,000 and over. In the latter category, more than 60 percent of all persons in that income bracket report their health status to be "excellent". About a third of them

Assessment of health status as reported in health interviews for persons of all ages, according to selected demographic characteristics: United States, 1973

Demographic characteristic	Health status, all ages				
	Total	Excellent	Good	Fair	Poor
	Percent distribution				
TOTAL[1]	100.0	48.7	38.4	9.4	2.8
SEX					
Male	100.0	51.9	36.5	8.3	2.7
Female	100.0	45.7	40.2	10.6	2.9
COLOR					
White	100.0	50.4	37.6	8.8	2.6
All other	100.0	36.7	44.2	14.1	4.2
REGION					
Northeast	100.0	48.6	40.3	8.2	2.2
North Central	100.0	50.3	38.1	8.8	2.3
South	100.0	44.4	39.6	11.4	3.9
West	100.0	54.1	34.3	8.6	2.5
RESIDENCE					
Metropolitan	100.0	50.4	37.8	8.7	2.4
Nonmetropolitan	100.0	44.8	39.9	11.1	3.7
FAMILY INCOME					
Under $5,000	100.0	32.4	41.3	17.9	7.7
$5,000-$9,999	100.0	44.5	41.4	10.9	2.6
$10,000-$14,999	100.0	53.0	38.1	6.7	1.6
$15,000 and over	100.0	60.7	33.2	4.7	0.8

1/ Includes unknown income.

SOURCE: National Center for Health Statistics: unpublished data from the Health Interview Survey.

report health status to be "good". This means then that only about 5 percent of all persons in the income brackets of $15,000 and over report their health status to be "fair" or "poor".

Although some reports claim that little difference exists between whites and non-whites in terms of the total number of visits to physicians per year, this position is refuted by other studies. Findings from these studies suggest that Blacks, for example, see physicians and dentists less often than whites, and when they do come in contact with them, it is more likely to be in hospital clinics and emergency rooms than in the offices of physicians and dentists.

According to a study reported by Robert Hill in 1970, 21 percent of the Black population had not seen a physician in two years or more. Hill also pointed out that more than seven out of ten whites who saw physicians in a given year visited them in their offices while less than 9 percent saw physicians in clinics or emergency rooms. In contrast, somewhat more than six of ten blacks saw physicians in offices, and about a fourth had contacts limited to emergency rooms or clinics.[34]

Still other studies by James and Suchman show that Blacks tend to use medical services less frequently and more episodically than do other ethnic groups. They point out that this tendency

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[34] Robert Hill, "Health Conditions of Black Americans", Urban League News, 3:5 (May 1973), p.3.

may be attributed to different degrees of cosmopolitanism and parochial group structures or a greater folk orientation toward medical care among Blacks than among whites. It also may be accounted for by a higher degree of skepticism among Blacks about both the availability of medical services and the quality of services given to them.[35]

More recent data collected by the National Center for Health Statistics tend to substantiate the findings by Suchman and James. In an examination of the data presented in Table 7, it is apparent that non-whites do tend to see physicians less frequently in offices. They are more than three times more likely to visit them in hospital out-patient clinic situations than are whites and more than twice more likely to be seen by physicians in hospital emergency rooms and considerably less likely to see physicians either in their home or to talk to them over the telephone. (See Table 7.)

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[35] cf. Edward Suchman, "Socio-Medical Variations Among Ethnic Groups", American Journal of Sociology 70 (November 1964), pp. 319-331; Edward Suchman, "Social Factors in Medical Deprivation", American Journal of Public Health 55 (November 1965) pp. 1725-1733, and Herman James "Health Orientations, Health Opportunities and the Use of Medical Services: Toward a Clarification of the Relationships", an unpublished manuscript based upon a study of Black and white subjects in Pittsburgh, 1967-1970.

Physician visits by place of visit by selected demographic characteristic: Persons of all ages, United States, 1973

Demographic Characteristic	Total visits[1] (in 1,000's)	Office	Hospital Outpatient Clinic	Hospital Emergency Room	Telephone	Home
		Percent Distribution				
Total[2]	1,031,010	69.1	6.8	3.9	12.7	1.4
SEX						
Male	429,734	67.8	6.8	4.7	11.5	1.5
Female	601,276	70.0	6.8	3.3	13.6	1.3
COLOR						
White	914,208	70.2	5.6	3.5	13.6	1.5
All Other	116,802	60.1	16.4	7.0	5.9	0.9
REGION						
Northeast	241,030	65.7	7.9	4.7	12.6	2.8
North Central	284,012	70.1	6.0	3.4	14.3	1.2
South	314,792	68.9	7.1	3.8	12.0	1.0
West	191,155	72.0	6.0	3.6	11.6	0.4
RESIDENCE						
Metropolitan	742,845	67.1	7.5	4.1	13.5	1.5
Nonmetropolitan	288,165	74.2	5.0	3.3	10.7	1.1
FAMILY INCOME						
Under $5,000	199,710	65.2	10.5	3.8	9.6	1.9
$5,000-$9,999	249,207	71.4	6.7	4.0	11.5	1.3
$10,000-$14,999	251,453	68.4	5.7	4.0	15.3	0.8
$15,000 and over	270,842	70.0	4.9	3.8	14.3	1.8

1/Includes all other places of visits.
2/Includes unknown income.
SOURCE: National Center for Health Statistics: Unpublished data from the Health Interview Survey.

The problem of the delivery of health care services to minorities is compounded by two factors. One is the underrepresentation of minorities in health care fields; and the second is the distribution pattern of minority health care practioners. Similarly, according to Theodis Thompson,

> "The relationship between physician distribution and race is expected to be influenced by two factors. First, Blacks have fewer physician visits per year than whites. Second, there is underrepresentation of Blacks in the medical profession. In 1967, the ratio of active non-federal physicians (M.D. and D.O.) to the civilian population in the United States was roughly 161 to 100,000. As of 1972, there were 320,903 active physicians (Federal and non-federal) registered with the American Medical Association (AMA), about one physician for every 649 people. Of the 306,970 active physicians (Federal and non-federal) for 1967, there were 4,805 Black physicians, or about one for every 3,929 Blacks, based on the 1960 Black U.S. population (holding the number of physicians constant for 1967). Of the total universe of 320,903 active physicians in 1972, there were 5,478 Black physicians or about one physician for every 4,298 Blacks, according to the

> U.S. Census Bureau estimate of 23.5 million Black people in the United States as of July 1, 1972. There are an estimated 54 practicing Black osteopaths in the United States, according to the American Osteopathic Association. While it is an undisputed fact that white physicians provide medical services to Blacks, there is an insufficient number of Black physicians to meet the current and potential demand requirements of Blacks for medical services."[36]

In earlier study Diekema and Hilton reported that there was one Black physician for every 3,140 members of the Black population and one white physician for every 721 persons. Their data, like data previous presented, clearly indicate a tremendous shortage of Black physicians in the United States.[37]

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36 Theodis Thompson, Ph.D. "Curbing the Black Physicians Manpower Shortage", Journal of Medical Education 49 (October 1974) pp. 944-949. Also see S.G. Vanovici, Profile of Medical Practice. Chicago: Center for Health Services Research and Development, American Medical Association, 1973: National Center for Health Statistics, The Health Interview Survey Series 10, Number 73, U.S. Public Health Service, 1973; Koleda and John Craig, "Minority Physician Practice Patterns - An Access to Health Care Services", National Planning Association (November-December 1976, 1:6) pp. 1-6.

37 Anthony Diekema and William J. Hilton, "The Medical Opportunities Program", College and University (Spring 1972) pp. 206-209.

The problem of the physician to population ratio among Blacks may be illustrated further by additional information concerning both shortage and maldistribution. For example, Andrew A. Sorenson reported that "Between 1930 and 1970, although the Black population in the United States grew from slightly less than 12 million to nearly 23 million (an increase of 89 percent), the number of Black physicians and surgeons between 1930 and 1967 increased by only 905, or 24 percent. Thus, the burgeoning of the ranks of the medical profession by Blacks was greater from 1900 to 1930 than from 1930 to 1967."[38]

The shortage situation is further demonstrated by the fact that between 1950 and 1960, the number of employed physicians and surgeons among Blacks increased from 4,026 to 4,706. It is evident that this rise was insufficient to meet the health care

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[38] Andrew A. Sorenson, "Black Americans in the Medical Profession", Journal of Negro Education 41:4 (Fall 1972) pp. 337-344.

needs of an increasing Black population.[39] Thompson reports that in 1942, at a time when many white physicians preferred not to serve Black patients, the ratio of Black physicians to the Black population was 1 to 3,377. Clearly, then, since 1942, there has been a notable decline in the Black physician to Black population ratio since currently it is estimated that there is a Black physician to Black population ratio of 1 to almost 4,000 persons.[40] These studies provide important evidence which shows that the situation of physician - population ratio has become decidely worse for Blacks even with increased participation in higher education. This result can be attributed to the fact that the increase in physicians has not kept pace with population increase.

An underlying assumption in the presentation of such data is that there is also a primary question of psycho-social accessibility regarding the acquisition of health care. It is also assumed that this problem may be solved through provisions of a larger

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39 Ibid., p. 337.

40 Thompson, op. cit. p. 945; also see Ruth M. Raup and Elizabeth A. Williams, "Negro Students in Medical Schools in the United States". Journal of Medical Education 39 (May 1964) 444-450.

and more appropriate number of minority group health care specialists and physicians necessary to meet the needs and health care service demands of the various minority groups.

Another argument asserts that minorities are more likely to follow practice patterns which improve medical care access to unserved populations.[41] Although the evidence to support this position is fragmentary and piece-meal, Koleda and Craig claim that,

> "Taken together it presents a rather convincing confirmation of the belief that minorities are more likely to engage in primary care practices, particularly in medically unserved areas. Given that the major thrust of current national health manpower policies is to solve professional geographic and specialty distribution problems, the increased enrollment of minorities in the nation's medical schools may be viewed as an important measure in contributing to the successful implementation of broader national policies.[42]

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41 Michael Koleda and John Craig, op. cit., p.2.

42 Ibid.; See also United States Senate Committee on Labor and Public Welfare Health Professions Educational Assistance Act of 1976. Report Number 94-8H7 (May 14, 1976).

"There is, therefore, sufficient evidence to support the contention that minority physicians and health care workers do have a greater probability of practicing in unserved areas and in engaging in primary care practice. Further, there is empirical evidence to support the argument that Black physicians, for example, tend to locate their practices in metropolitan areas more frequently than do white physicians. According to one study, about 92 percent of Black physicians are located in metropolitan areas in contrast to 73 percent of white physicians who practice in such areas. An equally important observation is that Black physicians tend to serve primarily a non-white patient clientele. In fact, approximately 90 percent of all Black physician practices are for such persons. By contrast, other physicians practices involve only about 9.5 percent of non-white patients.[43]

"Inasmuch as Black physicians practice in large urban areas where major concentrations of non-whites reside, and because they are providing care for non-white patients to a near maximum degree, their ability to provide further services either to rural non-whites or other urban non-whites is as limited as are their numbers. The

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[43] Black Doctors Serve Black Patients. Unpublished data, National Ambulatory Medical Care Survey 1975, National Center for Health Statistics.

heightened responsibility of Black and other minority physicians to provide the medical services to minority patients is evidenced by the fact that when Blacks, for example, move into an area in appreciable numbers in which white physicians also practice, there is a tendency for white physicians to relocate their practices."[44]

This further exacerbates the problem of adequate health care delivery systems to people residing in under served areas. The apparent reluctance of many white physicians to serve significant minority populations may be based on attitudes that would make them less than appropriate for serving inner-city and non-white patients. In addition to their racial and ethnic differences, physicians tend to come from relatively affluent backgrounds.[45]

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[44] Lloyd A. Ferguson, "What Has Been Accomplished in Chicago", and John C. Norman (ed.) Medicine in the Ghetto. New York: Appleton Century Cross, 1969, pp. 87-98.

[45] For a discussion of these positions, cf., Barry S. Eisenberg, and James E. Cantwell, "Policies to Influence the Specialty Distribution of Physicians: A Conceptual Review of Selected Programs and Empirical Evidence", Medical Care (June 1976), 14:6, 455-458; and Jeffrey L. Harrison, and Kent D. Nash, "A New Approach to the Position Shortage", Inquiry 9:1, 34-39.

Further there is some evidence to show that a high percentage of white physicians hold a negative attitude toward the poor while Black physicians take a positive attitude toward serving inner-city residents. Such findings tend to substantiate the need for minority group members to be available for the delivery of health care services to members of their own group or to other minority groups. This is so, despite admonitions to the contrary or to the theoretical argument that physicians should serve people who are in need of health care regardless of race or color or national origin. However, if the further evidence shows, as these findings reveal, that prejudice and discrimination enter into the delivery of health care services to various groups of people, then the argument is all the more persuasive that minority group people should and must be available for the delivery of health care services to other minority group members.[46]

Thompson also provides evidence which reveals that, in 1972, of the total number of physicians in all of the United States, more than 40,000 of them were located in New York, more than 40,000 were located in California, and more than 18,000 practiced in

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[46] James. L. Curtiss, Blacks, Medical Schools and Society. Ann Arbor: The University of Michigan Press, 1971; Michael Paul Richard, "The Negro Physician: Babitt on Revoluntary", Journal of Health and Social Behavior, 1970, pp. 265-274; and Max Seham, Blacks and American Medical Care. Minneapolis : University of Minnesota Press, 1973.

Pennsylvania, more than 16,000 in Illinois, but only 3,210 of them were concentrated in the District of Columbia. Thompson reported that the highest concentration of Black physicians was found in California (749), followed by New York (742) and by the District of Columbia with 483 physicians. It should be noted also that the Black population grew between 1960 and 1970 in California from 883,861 to 1,400,143; in New York from 1,417,511 to 2,166,933; and in the District of Columbia from 411,757 to 587,712. However, in 1970 Blacks comprised 72 percent of the total population of the District of Columbia but only 65 percent of all of its physicians. Similarly over 40 percent of all Black physicians in California are located in the city of Los Angeles, whereas 37 percent of all of the Black physicians in the State of New York are concentrated in New York City and 17 percent in Brooklyn. These data attest to the problems of both concentration and maldistribution.[47] (See Table 8).

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[47] Thompson, op. cit., pp. 947-948.

TABLE 8

RANK OF TOP TEN U.S. STATES BY DISTRIBUTION OF PHYSICIANS, 1972*

States Ranked by No. of Black Physicians		States Ranked by No. of All Physicians	
States	No.	States	No.
California	769	New York	45,040
New York	742	California	41,043
Washington, D.C.	483	Pennsylvania	18,682
Illinois	325	Illinois	16,326
Ohio	304	Ohio	14,848
Michigan	283	Texas	14,192
Pennsylvania	263	Massachusetts	12,844
Maryland	255	Florida	12,358
New Jersey	208	Michigan	11,942
Texas	186	New Jersey	11,227

*Sources are the membership directory of the National Medical Association, Washington, D.C., and the Profile of Medical Practice, Chicago: American Medical Association, 1973.

This problem is further compounded by the specialty distribution patterns of minority physicians. Commenting on this subject, Koleda and Craig pointed out that:

> "Problems of access to medical care may be traced as much, if not more, to the specialty distribution of physicians and to their geographic distribution. Specifically, it is generally recognized that the Nation has an inadequate supply of primary care physicians and an oversupply of certain specialists. In a sense, the speciality problem is more basic than than the geographic location because: 1) choice of

specialty inevitably influences the location choice--neurosurgeons are unlikely to settle in underserved rural areas or in urban ghettos; and 2) an area may have an overall adequate supply of physicians but still be medically underserved if the physicians are engaged primarily in specialty rather than primary care practices."[48]

In an analysis of specialty distribution among physicians, it was shown that although 37 percent of all graduates among all living physicians in 1975 engaged in primary care practice. The proportion in this cohort among graduates of Howard and Meharry Medical Colleges was almost half (49 percent). This trend was continued when observations were made comparing living physicians in 1975 with those persons who graduated between 1960 and 1973. Again, substantially more of the graduates of Howard and Meharry Medical Colleges were engaged in primary care practice than were all graduates in general. Although this distribution among graduates of Howard and Meharry Colleges is consistent

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[48] Koleda and Craig, op. cit., p.4.

with the nation's needs as previously argued, there is still a substantially greater need for primary care physicians than for specialty types of services. The evidence presented in Table 9, therefore, shows that minority groups, as represented by Blacks in this case, tend to and must rely upon minority group physicians to provide them with primary care functions and services.[49]

Table 9. PHYSICIAN SPECIALTY DISTRIBUTIONS

	% Engaged in Primary Care Practices			
	All Living Physicians in 1975		Living physicians (1975) Graduating 1960-73	
	All Graduates	H&M * Graduates	Graduates	H&M * Graduates
General Practice	15	24	9	9
Internal medicine	12	11	17	14
Obstetrics-Gynecology	5	10	5	13
Pediatrics	5	5	7	7
Primary care subtotal	37	49	38	43
Total	100	100	100	100

*Graduates of Howard and Meharry Medical Schools.

Source. The American Medical Association.

[49] Koleda and Craig, Ibid.; See Howard University Medical Alumni Association Bulletin, February 1977, Item 6.

Hence, the previous discussion points to a clear and present substantiation of the notion that professionally education minorities do perform significant services for the minority group population and for the society as a whole. As evidenced by physicians, for example, it is apparent that physicians do play a significant role in determining what health resources are available, including numbers, types, and locations of health care facilities, health practitioners, and professional training institutions. Physicians also play a major role in determining the health practices of our society. This function is not only in terms of social interaction, but also in terms of the degree to which preventive vs. curative/therapeutic measures are utilized.

The effort to increase the number of minority physicians has been based in part on the need to obtain more physicians who have an understanding of the life style of non-white patients. It is hoped that these physicians would be able to give more time to the non-white patients and develop relationships to improve continuity of care at the levels seen in majority populations.

One of the most significant decisions to be made is who should be accepted into training to become a physician. According to a

recent study, admissions committees tend to select students based on their own image of practitioners.[50]

Hence, it is not unimportant that when the medical school faculties, principle contributors to admissions committees, were analyzed, only three percent of the faculty members were from underrepresented minority groups, even though 12.4 percent were classified as non-white.

The situation of health care delivery is, however, of even greater severity as indicated in another study,

> "The problem of inadequacy in health care delivery systems is evident in other areas such as health insurance and available hospital services. For example, in 1970 almost 4 out of every 10 Blacks over the age of 65 had no hospital insurance, and more than 6 of 10 Black families with annual incomes under $5,000 were without coverage. Moreover, of the 59 Black hospitals established when medical care was more segregated, no more than 30 remained and these are

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[50] J.S. Wellington, "Changing Values in the Selction Value of Medical Schools", in L.C. Tancredi (ed.). Ethics of Health Care, Institute of Medicine, National Academy of Sciences, Washington, D.C., (1974), pp. 159-180.

fighting merely to survive. They are in extreme difficulty because of the diminishing financial resources.[51]

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[51] James E. Blackwell, The Black Community: Diversity and Unity, p. 274.

THE UNDERREPRESENTATION OF MINORITIES IN THE PROFESSIONS

In the preceding section some attention was devoted to the issue of the underrepresentation of Blacks and other minorities in the professions. However, a more detailed explanation of some of the fundamental issues is warranted. The interrelatedness of underrepresentation, supply and demand, in relation to employment opportunities and affirmative action efforts should also be clarified. This type of elaboration should further illuminate the issue of access and provide a rationale to explain the critical need for increasing representation among minority groups in graduate and professional schools.

UNDERREPRESENTATION OF MINORITIES IN THE HEALTH PROFESSION: Data revealed in the 1970 Census indicate that racial and/or ethnic minority groups are manifestly underrepresented in the major health professions. They are also underrepresented in other selected health occupations. As indicated in Tables 10 and 11 the degree of their underrepresentation varies from field to field and from occupation to occupation. These data also show the degree to which the incumbent of these occupational fields are overwhelmingly white male. For example, minority group physicians represent only 6.9 percent of the total. This includes both medical physicians and doctors of ostepathic medicine. They comprise only 4 percent of the dentists; 1.7 percent of the optometrists; 4.3 percent of the

pharmacists; and 4.3 percent of the podiatrists. The proportion of minority group veterinarians is less than 1 percent of the total number of veterinarians in the United States (0.1 percent). Minorities comprise only 5.6 percent of all health administrators. It is only among registered nurses that the proportions of minority group members at 9.6 percent of the total reaches more than one-half of their proportion in the total population of the United States. (See Table 10)

TABLE 10

Persons Employed in Selected Health Professions in the United States by Sex and Racial/Ethnic Category

Occupation	Percent White	Percent Minority	Percent Male	Percent Female
Physicians (M.D. and D.O.)	93.1	6.9	90.8	9.2
Dentists	96.0	4.0	96.6	3.4
Ootometrists	98.3	1.7	96.0	4.0
Pharmacists	95.7	4.3	88.1	11.9
Podiatrists	95.7	4.3	92.4	7.6
Veterinarians	99.1	0.9	94.9	5.1
Registered Nurses	90.4	9.6	2.7	97.3
Health Administrators	94.4	5.6	55.4	44.6

Source: Minorities and Women in Health Fields, BHM, DHEW Pub. No. (HRA) 76-22.

TABLE 11

Persons Employed in Selected Health Occupations in the United States by Sex and By Racial/Ethnic Category: April 1, 1970

Occupation	Percent White	Percent Minority	Percent Male	Percent Female
Dietitians	78.3	21.7	8.0	92.0
Clinical Laboratory Technologists, Technicians	87.2	12.8	28.0	72.0
Dental Hygienists	97.0	3.0	6.0	94.0
Health Records Technologists, Technicians	93.4	6.6	7.9	92.1
Radiologic Technologists, Technicians	92.2	7.8	32.1	67.9
Dental Laboratory Technicians	91.4	8.6	77.4	22.6
Opticians and lens grinders and polishers	94.8	5.2	77.7	22.3
Dental Assistants	95.1	4.9	2.1	97.9
Lay Midwives	60.1	39.9	20.4	79.6
Practical Nurses	77.1	22.9	3.6	96.4
Nursing Aides, Orderlies and Attendants	73.4	26.6	15.2	84.8

Source: Minorities and Women in Health Fields, BHM, DHEW Pub. No. (HRA) 76-22.

An examination of Table 11 shows when selected health occupations in the United States are analyzed in terms of racial and ethnic designations, minority groups tend to be particularly underrepresented among such groups as dental hygienists (3.0 percent); health record technologists (6.6 percent); radiologic technologists and technicians (7.8 percent); dental laboratory technicians (8.6 percent); opticians and lens grinders and polishers (5.2 percent); and dental assistants (4.9 percent). By the same token, however, minority groups tend to be overrepresented among the dietitians, lay mid-wives, practical nurses, nursing aides, orderlies, and attendants. Whereas minority group persons represent only 9.6 percent of all registered nurses, they comprise 22.9 percent of the practical nurses, and 26.6 percent of the nurses aides, orderlies, and attendants.

As shown in Table 12, some slight improvement began to emerge in the representation of minority groups in selected health professions in 1972 and 1975. For example, the proportion of minority group dentists increased slightly to 4.5 percent by 1975. The proportion of physicians, both medical and osteopathic, increased from 9.2 percent in 1970 to 11.0 percent in 1975. Similarly, the proportion of registered nurses among medical groups climbed to 11.7 percent of the total. But, the increase in pharmacists was relatively insignificant reflecting a 0.2 percent change over a five-year period.

TABLE 12

Persons Employed in Selected Health Occupations: 1972 and 1975

(In thousands of persons 16 years old and over. Annual averages.)

Occupation	1972	1975		
		Number	Percent- Females	Negro and Other
Health occupations	3,511	4,041	74.0	15.8
Physicians, dentists, and related practitioners	624	647	11.3	8.8
Dentists	107	110	1.8	4.5
Pharmacists	126	119	17.6	8.4
Physicians, medical and osteopathic	328	354	13.0	11.0
Other related practitioners	64	64	4.7	3.1
Nurses, dietitians, and therapists	949	1,126	91.8	11.7
Registered nurses	801	935	97.0	11.7
Dietitians and therapists	148	192	65.6	12.0
Health administrators	118	152	45.4	7.9
Health technologists and technicians	315	397	72.3	13.9
Clinical laboratory	142	177	74.6	16.4
Radiology	68	79	69.6	13.9
Other health technologists and technicians	104	142	70.4	10.6
Health service workers	1,505	1,718	89.9	22.4
Health aides and trainees, except nursing	148	249	83.6	
Nursing aides, orderlies, and attendants	912	1,001	85.8	25.7
Practical nurses	342	370	96.8	21.6
Other health service workers	103	128	98.4	3.9

Source: U.S. Bureau of Labor Statistics, *Employment and Earnings*, vol. 22, No. 7.

Minority groups continued to supply an excessive proportion of nurses aides, orderlies, attendants and practical nurses, for example.

In 1970, Black physicians comprised 2.1 percent of the total number of U.S. physicians and American Indians comprised only 0.1 percent of the total. On the other hand, Spanish-origin physicians comprised 3.7 percent of the total. However, Spanish-origin physicians may be of any race in terms of the way that the Census data were collected. Therefore, it is highly possible that other race categories may be included in this particular designation for that particular year. Hence, their proportions should be viewed with skepticism. (See Table 13). Despite the changes which occured in the proportionate representation of minority group physicians between 1970 and 1975, it is apparent that not enough is being accomplished to correct the underrepresentation.

TABLE 13

DISTRIBUTION OF MINORITIES IN THE PHYSICIAN (M.D. and D.O.) POPULATION - 1970 U.S. CENSUS

Physician Population Group	Number	Percent of Total Physician Population
Total Physicians	279,658	100.0%
Black Physicians	6,002	2.1%
American Indian Physicians	175	0.1%
Spanish Origin Physicians[1]	10,333	3.7%

[1]Spanish origin physicians may be of any race. Thus persons included here are also included in the race categories Black and American Indians.

Source: U.S. Department of Commerce, Bureau of the Census, General Population Characteristics, U.S. Summary Series, PC(1)-B1, 1970.

LAW: Data on the lawyer/client ratio in the United States, as it pertains to racial and/or ethnic designation, are less complete than in other fields. Fragmentary information does shed some light on the situation. For example, Alex Poinsett reported that there is one Black lawyer for every 7,000 Black Americans. By contrast, the ratio of white lawyers to white population is only 1 to 627.[50] The 7,500 Black lawyers in the United States represent only 1.8 percent of the total percent of lawyers in the nation. There are about 380,000 white lawyers in the United States.[51] As in the case of physicians and other professionals, the problem is exaggerated by maldistribution of lawyers.

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[50] Alex Poinsett, "The Ways Behind the Black Lawyer Shortage", Ebony, 1974, pp. 95-102.

[51] James Caldwell (Representing the ABA before Senate Hearing on CLEO Appropriations FY 76), April 1976.

ENGINEERING: Evidence reveals that minority underrepresentation in the field of engineering is critical. When all minorities are combined (including Blacks, Chicanos, Puerto Ricans, American Indians, and Asians), they comprise only about 3 percent of the nation's 1.2 million practicing engineers. Among minorities, over 90 percent of practicing engineers are Asian. The magnitude of the shortage among other minority groups is acute as demonstrated by these data. It is apparent then that other minority groups lag considerably behind all groups as measured by their representation in the field of engineering in relation to their proportions in the total population. Thus, the 1.1 percent in engineering of all Black 1975 doctorates achieves a new importance in terms of the overall underrepresentation of Blacks in this field.[52]

According to the report, Women and Minorities in Science and Engineering, Asians of both sexes make up the largest racial minority among employed doctorates of science and engineering. They represent almost five percent of the total. On the other hand, Blacks of both sexes constitute less than one percent of the total employed,

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[52] Commission on Human Resources, Summary Report, 1975 Doctorate Recipients from United States Universities. Washington, D.C.: National Academy of Sciences (May 1976); and Anne Roark, "Engineering Schools Claim Gain in Numbers of Minority Students", Chronicle of Higher Education (October 4), 1976, p.7; Women and Minorities in Science and Engineering. Washington, D.C.: National Science Foundation, NSF 77-304, January 1977; and Assembly of Engineering, National Research Council, "Committee on Minorities in Engineering". Washington, D.C.: National Research Council, 1976.

and other minorities comprise even smaller proportions. Moreover, Asian and other racial minorities tend to have salaries that are substantially lower than white or Black scientists and engineers at the doctorate level.[53]

OTHER PROFESSIONAL AND GRADUATE FIELDS: The underrepresentation of minorities in other fields of graduate study is even more pronounced than it is in some of the areas previously discussed. This low participation indicates that strong affirmative efforts are vital in order to increase the number of minority groups in these areas commensurate with their proportions in the total American population. In some fields, there is a total absence of minorities among scientists and engineers. In others, they are only slightly represented. As pointed out by Richard A. English and Theodore Settle, one indicator that minority participation in graduate and professional level education is found in empirical data pertaining to recipients of doctoral degrees. They reported that based upon National Science Foundation data "of the 208,379 doctorates awarded between 1930 and 1972 to U.S. native born citizens, only 4,037 were awarded to minorities".[54] Their report, as well as the data from the National Academy of

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53 Women and Minorities in Science and Engineering, p. 3-9.

54 Richard A. English and Theodore J. Settle, "Minority Students in Higher Education", Integrated Education 8 (May/June 1976), pp. 3-6.

Sciences, shows that in the twelve-year period between 1960 and 1972, 136,177 doctorates were awarded to U.S. native born citizens.

Of that number, 1,093 were awarded to Blacks; 774 to Asians; 680 to Spanish surnamed; and 71 to native Americans. During that span of time, minorities averaged only 1.9 percent of all doctorates received by U.S. native born citizens. With one exception, the period between 1955-69, the proportion of doctorate degrees awarded to minorities never exceeded 2.2 percent during that period.[55] The National Board on Graduate Education reported that in 1973 "the proportion of U.S. native born doctorates awarded to Blacks was 3.5 percent, while Puerto Ricans earned 0.2 percent and Chicanos and other Spanish-Americans received 0.6 percent. Persons identified as American Indians comprised 0.5 percent of total doctorates. Minority women, as is true of non-minority women, are also underrepresented in doctorate studies. For every Ph.D degree awarded to a minority man, four were conferred on non-minority men."[56]

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55 Ibid.

56 National Board on Graduate Education, Minority Group Participation in Graduate Education. Washington, D.C.: National Board of Graduate Education (June 1976), p.3.

It is important to note that Black college enrollment grew in the 1960's. Presumably, a larger pool of students have become available for graduate training which should, expectedly, increase the number of doctorates earned by Blacks. The issue here, however, is that past and present discrimination and the effects of economic deprivation effectively reduced the number of Blacks who earned doctorate degrees. Blacks may not have applied to some graduate and professional schools because of perceived racial discrimination. Undoubtedly, many dropped out or were "pushed out" of doctorate programs by subtle and deliberate discouragement by their professors and advisors.

The graduate picture is further compounded by the fact that a cursory glance at the data may suggest that the proportions of American citizen minorities receiving graduate degrees are much greater than they are in actuality. For example, in 1973-74, minorities, including non-citizens, received about 12 percent of the doctorates conferred by American universities. However, only 6 percent of those were conferred to U.S. minority citizens. Asians obtained approximately 6 percent of all doctorates awarded to minority persons; however, only 6 percent of the Asian Ph.Ds were actually American citizens. There is also the problem of maldistribution of minority groups in terms of the fields of study for which the doctorate degree was awarded.

In 1975, Blacks, for example, were awarded 989 doctorate degrees. Of this number, 61.2 percent were in education; 16.1 percent in the social sciences; 8.9 percent in the arts and sciences; 5.6 percent in the life sciences; and 3.6 percent were in the physical sciences.[57] In 1975, American Indians received 143 doctorate degrees. Of that number, 33.6 percent were in education; 25.2 percent in the arts and humanities; 16.1 percent in the social sciences; 10.5 percent in the life sciences; 9.8 percent in the physical sciences; and 3.5 percent in engineering.[58]

Among Puerto Ricans, 63 were recipients of doctorate degrees in 1975. Of this number 27 percent were in education; 7.9 percent in arts and humanities; 25.4 percent in the social sciences; 14.3 percent in the life sciences; 12.7 percent in the physical sciences; and 6.3 percent in engineering.[59]

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[57] Commission on Human Resources, Summary Report 1975 Doctorate Recipients from United States Universities. Washington, D.C.: National Academy of Sciences (May 1976), p.22.

[58] Ibid., p.22.

[59] Ibid., p.23.

In 1975, U.S. Chicanos received 241 doctorate degrees. Of that number, 7.9 percent were in physical sciences; 3.7 percent in engineering; 12.4 percent in the life sciences; 17.4 percent in the social sciences; 24.5 percent in the arts and humanities; and 31.1 percent in education.[60]

Among the U.S. citizens, 286 Asians received doctorate degrees in 1975. Of that number, 17.1 percent were in the physical sciences; 20.3 percent were in engineering; 20.3 percent were in the life sciences; 12.6 percent were in the social sciences; 10.5 percent were in arts and humanities; 13.6 percent were in education. These pieces of evidence demonstrate that only the Asian population more closely approximates the non-minority population in terms of the distribution of fields of study by degrees earned.[61]

The distribution problem is accentuated by the fact that many minority group students do change their major field of study as they move from the baccalaureate degree into graduate education. Further, minority

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60 Ibid.

61 Ibid.

group students remain decidely underrepresented among the total number of graduate students enrolled in American colleges and universities. The underrepresentation of minority groups in all the groups mentioned above is a telling indictment against American universities and against the entire American society in terms of the barriers constructed and perpetuated to prevent equal access to graduate and professional education. Hence, a need for more aggressive implementation of affirmative action programs and policies is all the more real. This is not the time for either retrenchment, retreat, inaction, or malignant neglect.

THE PARTICIPATION OF MINORITIES IN GRADUATE AND PROFESSIONAL EDUCATION SINCE 1968: SELECTION AND ADMISSIONS CRITERIA

Between 1968 and 1977, the enrollment of minority students in graduate and professional schools increased dramatically over the preceding periods of time. For example, the minority graduate student enrollment increased from 4.2 percent in 1970 to 5.2 percent in 1973 to 6.4 percent in 1975. During the same period, graduate enrollment, in general, increased by 39.5 percent or from 1,140,000 to 1,590,000. The enrollment among minority students in medical schools increased from 2 percent before 1966 to 8.17 percent in 1974-75. Similarly, the enrollment of minority students in law schools increased from 3.4 percent in 1969-70 to 7.5 percent in 1974-75. It is 5.1 percent of the total in 1976-77. Simultaneously, the overall enrollment of students, in general, increased significantly in law schools, medical schools as well as in graduate and professional schools. In essence, as the enrollment of minority students in graduate and professional education increased, so did the enrollment of non-minority students. In fact, overall enrollment more than doubled and sometimes tripled in the period between 1960 and 1977.

These growth patterns in the enrollment of minorities in graduate and professional schools resulted both from pressures outside colleges and universities and from voluntary action by such institutions. Probably, because of a desire to avoid the military as well as the increasing interest in graduate and professional education as a means of obtaining status-rewarding jobs, non-minority enrollments also rose dramatically. Hence, competition for relatively limited space increased. It is in this context that the rise in minority enrollment in graduate and professional schools, coupled with the difficulties experienced by many non-minorities in gaining access to medical and law schools, particularly, which provides the background for present debates over admissions criteria to graduate and professional schools.

ADMISSIONS CRITERIA: In interpreting the contemporary debate concerning admissions criteria, it is well to keep in mind the observation made by Larry Leslie and James L. Morrison who stated that "social systems survive or perish to the extent that they remain relevant to the collectivities they serve.

Collective and social needs change and social institutions must change as well if they are to survive".[52] Universities, for instance, must also become more flexible in order to serve a changing student population which is considerably more heterogeneous than at any time, perhaps, in American history.

A part of the present controversy regarding admissions criteria is based upon meritocratic concepts. Proponents of meritocracy presume that advancement in the American social system is based purely on merit. Consequently, only those objective or cognitive measures which differentiate individual qualities should be utilized to determine merit. Hence, only the most meritorious, as defined by objective criteria, should be admitted to a graduate and professional school. The most frequently employed objective or congnitive criteria are: 1) scores on such examinations as the Graduate Record Examination (GRE), the Law School Aptitutde Test (LSAT), and the Medical Aptitude Test (MCAT); 2) grade point average (also referred to as quality point average or GPA or QPA); 3) standing in class; and 4) quality of school from which graduated to which a rank is assigned.

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[52] Larry L. Leslie, and James L. Morrison, "Social Change and Professional Education in American Society", Intellect 102:2356 (March 1974), pp. 356-360.

At the extreme end of this scale, advocates of merit will probably disavow assertions that such objective criteria have never been the exclusive determinants of admission to a graduate or professional school. That is to say, they would maintain that non-cognitive measures have played, but should not play, a major role in decisions affecting access to graduate and professional schools.

Other participants in the debate would agree that some cognitive measures should be employed in the decision-making process, but they steadfastly maintain that such measures are not the sole determinants of and should not be the exclusive criteria employed in the decisions affecting admissions. The rationale for their claim lies in data which seem to show that strict or rigid adherence to cognitive or traditional criteria results in discrimination against minority students and reduces their proportions of acceptees in graduate and professional schools to insignificant levels.

They also maintain that, for a variety of reasons, such tests as the LSAT, the MCAT, and the GRE are biased in favor of the middle-class and upper-class white population inasmuch as these tests do not take into consideration the cultural differences that often exist between these groups and effectively assimilated ethnic groups, and persons

from such minority groups as Blacks, Chicanos, Puerto Ricans, and Asians. It is claimed that such culturally biased tests do not take into consideration the fact that all of these groups have not had the same opportunity to learn the same kinds and quality of material as have had white middle-class Americans. They do not incorporate an understanding of the role that economic deprivation plays or how it influences educational attainment.

Another part of this argument is the assumption that performance gaps between these two groups on the various standardized tests would probably disappear when social class factors (e.g., occupation, income, and education) are equated. It is also assumed that such differences would be reduced when minority groups have the opportunity to learn the same kinds of materials in the same amount of time, and have equal exposure to cultural variables incorporated in objective tests which are presumed to favor the middle-and-upper classes. Hence, the inequities of past and historical acts of discrimination have resulted in and contributed to lowered performances of the various minority groups, particularly those who come from the low socio-economic classes on such objective measures. Therefore, to compensate for inequities and past acts of discrimination, it is imperative to utilize various traditional or discretionary admissions criteria, especially race, in order to increase the numbers

and proportions of minority group students in graduate and professional schools in reasonable and respectable ratios.

Flexible, non-traditional, and discretionary admission procedures have erroneously become identified as the exclusive domain of minority group students in decisions pertaining to selection and admissions. It is assumed by many that racial identification is the only such non-traditional admissions criterion utilized by the decision makers. In fact, selection and admissions officers have always employed discretionary admissions criteria including such factors as special talents (music, art, athletic ability), geographic origin, alumni parents, and wealth.[53]

In a recent discussion on selection procedures and biases for minority applicants, Carroll pointed out the procedures used for traditional selection are based upon a theory of prediction. He mentions such preselection attributes as those previously defined including the MCAT and undergraduate QPA and so forth, however, "the process of predicting performance based upon preselection

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[53] cf. Walter L. Leonard, "Introduction to the Conference", The Black Law Journal 4, No. 2, ( ); and see also Peter J. Liacouras, "A Call to Action on Our Disaster Area, Law School Admissions", The Black Law Journal.

attributes is not perfect".[54] In other words, there is always some degree of error associated with the predicted performance scores. Using multiple correlations, or regression analysis as the technology for making predictions, enables admissions officers to define cutoff points for the rejection of some applicants and for the acceptance of others. Inasmuch as there are errors associated with a "line of best fit" notion for relating preselection attributes in performance, there are always a certain amount of "misses" and "false positives". The term "miss" is used to denote the fact that a subject who was rejected would have performed acceptably had that person been accepted. The term "false positives" denotes that an accepted person did not perform in an acceptable manner. Hence, because of the presence of misses and false positives, it is clear that the actual performance of many subjects does differ from their predicted performance.[55]

It is precisely due to the fact that misses occur that stringent adherence to purely objective measures for selection and admissions

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[54] C. Dennis Carroll, "A Perspective on Selection Procedures and Biases for Minority Applicants", an unpublished paper prepared at the U.S. Office of Education, Office of Planning, Budgeting, and Evaluation, Postsecondary Program Division; Technical paper 77-03, April 1977.

[55] Ibid.

have come under serious attack. Common belief is that rigid application of such criteria means that a large number of minority students who might very well have succeeded in graduate and professional schools may be eliminated and, therefore, denied an opportunity to demonstrate their capabilities. A plethora of studies on selection criteria abounds. The majority of them appear devoted to predicting the possible success or failure of college students based upon SAT and ACT scores. In recent years, such tests and studies have all appeared to use the same basic methodology; that is to say, a sample of a group of students at one or more institutions, determining correlations of their college grades with their ACT or SAT scores, high school grades and/or standing in class, followed by a conclusion. According to William E. Sedlacek[56] and others[57] there is reason to doubt

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56 William E. Sedlacek, "Issues in Predicting Black Students' Success in Higher Education", The Journal of Negro Education, 43:4 (1974), pp. 512-516.

57 K. B. Clark and L. Plotkin, The Negro Student in Integrated Colleges. New York: National Scholarship Service and Fund for Negro Students, 1964; T.A. Clearly, "Test Bias Prediction of Grades of Negro and White Students in Integrated Colleges", Journal of Educational Measurement 5 (1969) pp. 115-124; R.L. Green and W.W. Farquhar, "Negro Academic Motivation and Scholastic Achievement", Journal of Educational Psychology 56 (1965) pp. 241-243; C.M. Pfiefer Jr., and W.E. Sedlacek, "The Validity of Academic Predictors for Black and White students at a Predominantly White University", Journal of Educational Measurement 8 (1971), pp. 253-261; and C.M. Pfiefer, Jr., and W.E. Sedlacek, "Predicting Black Students' Grades with Non-Intellectual Measures", Journal of Negro Education 43 (1974) pp. 47-76.

the ability of the most commonly employed predictors to be universally applicable to racial groups. That is to say, some predictors are more successful, it appears, for some groups of people than they are for other groups of people.

In addition to these studies others have claimed that such objective criteria as grade point average and cognitive measures, in general, are of limited value in predicting Black students' scores.[58]

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[58] Ralph B. Bigelow, "Traditional vs. Non-Traditional Graduate Admissions", College and University 48:4 (summer 1973) pp. 476-492; William E. Sedlacek and Glenwood C. Brooks, Jr., "Black Freshman in Large Colleges: A Survey", Personnel and Guidance Journal 49:4 (December 1970) pp. 307-312. William E. Sedlacek and John A. Lewis and Glenwood C. Brooks, Jr., "Blacks and Other Minority Admissions to Large Universities: A Four-Year National Survey of Policies and Outcomes", Research in Higher Education (1974) pp. 221-230; and William E. Sedlacek and Judy C. Pelham, "Minority Admissions to Large Universities: National Survey", Journal of Non-White Concern in Personnel and Guidance 4:2 (January 1976) pp. 123-131.

Another significant study concerning the use of non-traditional criteria for selection and admission in medical schools was conducted by Doris Evans and Associates and the Case Western Reserve University School of Medicine (CWRUSM). Evans and Associates commented that:

> "It had been observed that, on the whole, students from unrepresented minority groups (American Blacks, American Indians, Mainland Puerto Ricans, Mexican Americans) perform less well than non-minority students with respect to certain 'objective' criteria such as the medical school admissions test (MCAT) and college grade-point average (GPA) .... along with others elsewhere, the Office of Admissions, Case Western Research University School of Medicine (CWRUSM) attributes this difference of performance to a host of factors particularly, 1) deprivation in academic preparation - a factor in the backgrounds of many minority student candidates for medical school which extends from elementary school through college; 2) extreme financial hardship - a factor which requires that many minority students work up to 40

hours per week in college, often precluding attainment of stellar grades".[59]

They noted that between 1970 and 1973 Case Western Reserve University Medical School admitted 66 minority students in its four-year MD program. The researchers identified 43 subjects for this report. All participants had taken the comprehensive examination (CE) and 26 of them had taken the National Board of Medical Examiners (NBME 1). In order to predict outcomes pertaining to minority student success in medical school, four aggression analyses were performed. The data base included the Astin score (which refers to the undergraduate college attended), grade-point average (science and non-science), and MCAT (sub-test). The results of this study showed that all three of the items were of predictive value. However, the most significant of the three was the Astin score or the rank of the undergraduate college attended.[60] The authors did not advocate the exclusive utilization of such factors in selecting minority students.

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[59] Doris A. Evans, M.D., Paul K. Jones, Ph.D., Richard A. Wortman, Ph.D., Edgar B. Jackson, Jr., M.D., "Traditional Criteria As Predictors of Minority Students' Success in Medical School", Journal of Medical Education 50:10 (October 1975), pp. 934-939.

[60] Ibid., pp. 938-939

A study by Terry T. Clepp, on selectively as a predictor, indicated that for accepted students, GPA, when adjusted by institutional selectivity, was decidely more useful than was normal GPA or grade-point average. The study also showed that this variable was undoubtedly as useful for predicting success as medical college admissions tests science sub-scores were.[61] One would undoubtedly expect institutional selectivity and admission scores to co-vary highly since institutional selectivity is so frequently based upon test scores.

On the other hand, Melvin Cole argues that performance on the MCAT may not be significantly related to performance as a practicing physician. According to Melvin Cole, "there is no rationale for preferring the student with the best academic record for admissions into medical school. On-the-job performance in medical practice does not correlate with grade-point averages in colleges or medical schools".[62]

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61 Terry T. Clepp, John C. Reed, "Institutional Selectivity as a Predictor of Applicant Selection and Success in Medical School", Journal of Medical Education, (October 1976) pp. 850-852.

62 Melvin Cole, "Black Students in the Health Sciences", Integrated Education, (January-February, 1970) p. 52.

Moreover, in one study, conducted by the American Association of Medical Colleges, it was shown that 80 percent of those students accepted with science scores below 400 eventually received the M.D. This evidence would seem arguable for the position of the relationship between the MCAT and actual achievement of MD degree; it is a questionable one at least.[63] However, it should be pointed out that it is not likely that persons scoring below 500 will be admitted at the present time but, once enrolled, if this finding holds, there is a good chance they will graduate.[64] However, the test score did not predict their overall success.

As Michael Faia commented, traditional criteria are often capricious and unfair. And, certainly "one might question the fairness of rejecting a sizeable number of students primarily because the probability of their succeeding is alleged less than those admitted".[65]

In a major review of the literature dealing with biases in testing practices, Ronald L. Flaugher identified three possible sources of unfairness in tests and in testing. According to Flaugher:

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63 Ibid. p. 52-53.

64 Ibid., see also: James L. Curtis, Blacks, Medical Schools and Society, Ann Arbor:University of Michigan Press, 1971.

65 Michael Faia, "College Grades as Graduate Admissions Criteria", Improving College and University Teaching, 17 (Summer 1969), pp. 187-190.

"The first and by far the most commonly referred to is that of the test content. There is a widely held belief that the kinds of tests, or the kinds of questions asked within the test, are biased against minority groups, causing them to perform poorly in ways that are not valid. Second, the test program itself may be conducted in such a way that the result is discriminatory. For example, information essential to registering for and taking the test may not be disseminated in a form that makes it available to minority groups, or conditions may be allowed to exist in the test administration itself which are intimidating. Third, discriminatory practices may exist in the use to which test results are put, such as requiring high verbal test scores to qualify for a job which in fact does not depend upon verbal skills, or requiring certain aptitude levels for graduation from a program rather than using the aptitude measure of select or predict success upon entering".[66]

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[66] Ronald L. Flaugher, "Testing Practices, Minority Groups, and Higher Education: A Review and Discussion of the Research", a paper developed at the Educational Testing Service; Princeton, New Jersey, (June 1970) p.6.

Flaugher acknowledged evidence showing that members of minority groups tend to score on the average less well on most types of objective tests. The validity studies he reviewed tended to indicate that the usual types of aptitude test utilized sometimes overpredicted rather than underpredicted actual grades. Also, he reported, "Sketchy, but provocative evidence" which indicated that the quality or performance on tests may be influenced by one type of atmosphere in which tests were administered. He identified as a primary task, the devising of tests which sample a wider range of abilities than those tapped by "most academic aptitude tests, and the utilization of these non-traditional aptitudes through an alternation of the techniques of education".[67]

However, it is expected that cognitive measures will continue to be used in the future by many institutions largely because they are easy; neat; provide a cut-off basis for rejection of applicants; and, are less expensive and less time-consuming and provide an ostensible objectivity, despite the biases attributed them. Other more sensitive universities and colleges will continue to respond more favorably by admitting the utilization of a combination of cognitive and non-cognitive factors in making admissions decisions.

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[67] Ibid., p. 15.

The Association of American Medical Colleges also acknowledges that non-objective standards other than grade point average and test scores have been used in selecting applicants for medical school admission for an extended period of time.[68] According to the AAMC, there were 29,179 white male applicants to medical schools for the 1974-75 class. Of this number 6,732 had undergraduate grades above 3.30 on a 4.0 grade-point scale and MCAT science scores of 400 on a 205-795 scale. Nevertheless, some 1,784 individuals, or 24.9 percent of those applicants were not accepted to any medical school. At the same time, however, 4,313 white male applicants whose grades and MCAT science scores were lower than the above levels were accepted to medical schools. This evidence suggests that apparently other criteria than non-objective items were utilized in deciding to admit white male students.[69]

SPECIAL ADMISSIONS PROGRAMS: Findings such as these, in addition to various forms of pressure to expand opportunities for the admission

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[68] cf., Medical School Admissions Requirements, 1977-1978, April 1976.

[69] Amicus Brief filed by the Association of Medical Colleges in support of the position of the Regents of the University of California in the case of Allen Bakke v. the Regents of the University of California.

of minority students to graduate or professional schools and voluntary actions by admissions officers at various institutions resulted in a proliferation of different types of special admissions programs in graduate and professional schools. This means that, for a few years, educational institutions have more openly exercised their autonony and broad powers to formulate and implement admission policies. Thus, at the institutional level, admission policies have been more openly adjusted in ways which facilitate the selection of medical students who, from a larger applicant pool, in the estimation of the admissions officers and selection committees, are best qualified and show the most promise for meeting societal needs. Hence, institutions can and do exercise their autonomy and zealousy protect prerogatives in reaching admissions decisions. Approximately 108 medical schools in the United States have adopted admissions program which permit greater flexibility in considering the applications of minorities and disadvantaged students. It can be assumed that since these programs are designed for minority students, "race" is a major element in admissions decisions.

According to the Asscciation of American Medical Colleges, such programs can be justified on the basis of meeting societal needs, as well as by providing students who are willing to work in under-

served areas. The use of non-traditional criteria, of course, implies subjective judgments. In much the same way, subjectivity is involved in the use of the more traditional criteria. It can be argued that value judgments, for example, are implicit in determining what specific measures will be selected in order to determine the criteria for admissions in the first instance.

As indicated above, race is only one of the many "non-traditional" criteria utilized in the decision process. Others, which often are employed, include faculty recommendations, geographic location, special talents possessed by students, personal references, interviews, relationship to alumni, and anticipated societal needs. These criteria have not been exclusively utilized in behalf of minority students in making decisions. However, because of the critical shortage of minority group students in the various professions, past patterns of deliberate discrimination and exclusionary policies which precluded their entry into graduate professional schools in meaningful numbers, the use of preferential admissions procedures in favor of minority groups, and the criterion of racial identification seem even more compelling.

Not only is the argument to provide persons to serve in underserved areas persuasive, equally valid is the issue of moral urgency to which we have previously alluded. Graduate and professional

schools have an obligation to provide persons who can perform those services needed by all members of the society.

Minority groups historically have been deprived of due process and equal opportunity for participation in the economic and social life of the American system. It has been demonstrated that their health needs and their present requirements for professionally trained individuals in an immense variety of areas is urgent, immediate, and pervasive. Therefore, sustained practices which facilitate the admission and graduation of minority group students from graduate and professional schools are all the more imperative. The use of race as an admission criterion is a moral imperative.

According to Robert O'Neill, preferential admissions can be defended on the basis of previous court decisions involving education. He states that:

> "In the case of Balaban v. Rubin, the court indicated that schools were actually obligated to prevent racial imbalance resulting from de facto as well as de jure segregation. In Barksdale v. Springfield School, the court held that a State may be required to take action to alleviate racial imbalance in public schools. In still another case, Tometz v. Board of Education, the

Supreme Court of the State of Illinois ruled that the State did in fact have the right to compel affirmative action to eliminate racial imbalance and de facto segregation. While all these cases deal with desegregation in the public school, they establish precedents which possibly apply equal validity to higher education, particularly with regard to state affiliated institutions. All precedents indicated that the law recognizes a duty to overcome effects of previous discrimination and clearly recognizes the responsibility to avoid present acts of discrimination".[70]

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[70] Robert O'Neill, "Preferential Admissions: Equalizing Access to Legal Education", The University of Toledo Law Review (Spring 1970), p. 294; See also: Balaban v. Rubin 248 NYS2d 581 (1964); Barksdale v. Springfield School Committee, 237 ___ SUPP. 543 Massachusetts 1965); Tometz v. Board of Education, Waukegan School District, 237 NE2d 498.

There is undoubtedly considerable merit in the argument presented by Longely A. Spurlock when he commented that discretionary admissions are functional at most colleges and universities. This means that one employs other measures than the traditional ones to determine access eligibility for admission. "The overwhelming majority of students admitted under discretionary practices are not minority students".[71] Thus, it is highly likely that many white students are admitted to graduate and professional schools whose LSAT, MCAT, and GRE scores may be as much as 100 points below that of other white students who are rejected. The point is that the applicability of this policy extends to white students as well as to non-white students. They, too, would presumably be affected by the Bakke case.

These programs are supported by both institutional funds and from external sources.[72] External sources may be quite diverse.

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71 Longley A. Spurlock, "Still Struggling: Minority and White Colleges in the Mid-Seventies", Educational Record 57:3 (January 1977) pp. 186-193.

72 cf., Section 820A (a) (3), Nurse Training Act of 1976 (P.L. 94-63) Section 774(b); Comprehensive Health Manpower Training Act of 1971, Section 772 (a) (9); Comprehensive Health Manpower Training Act of 1971, Titles I and VI; and Indian Health Care Improvement Act of 1976.

The problems with so many of these sources is that the level of funding for the efforts for which they were designed to support has not been sufficient in recent years to meet their intended and manifest purposes.

In a comparative analysis of the bio-medical sciences program at Meharry Medical College with the Harvard University Health Careers Summer Programs, Janet S. Birch and Samuel Wolfe pointed out that "participants in such programs are more likely than a cross section of all applicants to gain admission to medical or dental schools".[73]

Both of these programs were designed to recruit students from predominately southern and Black colleges for admission into bio-medical or health programs intended to alleviate deficiencies in current academic training and to prepare them for medical, dental or health careers, and admission into a professional school. At Meharry, 86 percent of the 90 subjects responded to a questionnaire designed to demonstrate the degree of success or failure of the bio-medical science programs. Of the 77 who responded, 62 had applied to medical, dental, and/or graduate school upon completion of the program. They had made an average of two applications per person.

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[73] Janet S. Birch and Samuel Wolfe, M.D., "Enrichment Program for Minority Students", Journal of Medical Education 50:11 (November 1975), pp. 1059-1061.

Their overall acceptance rate was 89 percent per applicant and 59 percent per application. The data also showed that 45 of the respondents had applied to medical school and that they had made a total of 95 applications; in this case the acceptance rate was 47 percent per application and 69 percent per applicant. When the researchers combined the applicants to medical and dental schools, they found that 57 percent or 74 percent of the respondents had applied to medical and/or dental schools and that the acceptance rate was 77 percent per applicant. When comparing the success [illegible] in the Meharry Bio-Medical Science Program with the success r[illegible] of participants in the Harvard University Health Career Summer Program, the researchers' data showed that the difference between the performance by the two groups were relatively insignificant.[74] The point is that minority students who participate in enrichment programs do tend to be highly successful in gaining admission to medical and dental schools.

Other programs such as Med-Start and Aspira Health Programs have accomplished similar goals for American Indians and Puerto Ricans,

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[74] Ibid., See also R. E. Jackson, "The Effectiveness of a Special Program for Minority Group Students", Journal of Medical Education 47 (1972), pp. 610-624.

respectively, in terms of improving the success of these students in medical schools.[75]

Similarly, the CLEO (Counsel on Legal Education Opportunity) founded in 1967-68 has been successful in its efforts to improve the performance of minority group law students during its summer institute program. These programs not only recruit minorities into the law profession but also assist needy students in overcoming various kinds of weaknesses by providing tutorial, counseling, psycho-social service, and other types of enrichment services.[76]

In order to broaden the understanding of admission officers and counselors of some of the difficulties in using both cognitive and non-cognitive selection criteria, a Simulated Minority Admission Exercise (SMAE) was developed jointly by the Division of Educational Measurements and Research and the Office of Minority Affairs of the Association of American Medical Colleges. Inasmuch as this program is relatively new, it is difficult to evaluate the degree to which that understanding anticipated by the establishment of the program has been achieved. Enrichment programs have been established in

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75 "Minorities in Medicines", Opportunity 2:7 (August-September 1972), pp. 4-16.

76 Walter L. Leonard, op. cit., p. 337.

approximately two hundred law schools and medical colleges. Many of these are supported by Federal grants. However, as Federal funds diminish, universities are forced to rely more heavily upon institutional funds to maintain these programs. It is now commonly believed by many minority persons that minority group students no longer have high priorities in terms of the commitment made on institutional funds. If this is so, we can expect a reduction in the total number of minority students admitted to graduate and professional schools.

Temple University operates what is called a Special Admission and Curriculum Experimental Program (S. P. A. C. E.). Under this program about 75 percent of the entering law school class is selected solely on the basis of the more traditional criteria. The remaining 25 percent of the class are admitted on the basis of "sound discretionary judgment of the faculty of law". These students are admitted under the SPACE program. The existence of this program is based upon the assumption that an over-reliance on the LSAT and the GPA, or other abstract measuring criteria, could generate what they believe to be an unhealthy rigidity in the composition of law school classes. Therefore, this program points to another justification for the utilization of

of non-traditional criteria that is to increase and maintain diversity in the profession.[77]

The University of California at Los Angeles operates a program called Legal Educational Opportunity Program (LEOP). According to Michael D. Rappaport:

> "As with most other Special Admission Programs, in the early days of the UCLA program, great weight was given to the use of subjective factors when making admission decisions. Factors such as personal interviews with students and faculty, and personal statements about such things as goals and work history were given very heavy consideration in the admission process. main reason for this was serious questions about the proper use and validity of traditional objectives ... such as the Law School Admission Test (LSAT) and grade-point-average when applied to minority students. Having virtually no experience in applying these factors to non-white applicants as other than a barrier which kept minority applicants out of school, the law schools were really ...

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[77] Temple University School of Admission and Financial Aid Applications and Information 1977, Office of Admission: Temple University, Philadelphia, Pennsylvania.

not certain to what extent they could be used in choosing among minority applicants whom the school did wish to admit. These were questions shared by some, if not all, law school faculty and administrators about whether the LSAT had any validity at all among minority applicants.[78]

Subsequently, a decision was made to continue to make improvements in the Special Admissions Program by changing its format. As the special admission system now operates, it involves a two-step procedure. The first step emphasizes initially academic ability as measured by such objective criteria as the LSAT and the LSAT writing score and the last two years of college grades. These are combined in one of two formulas to obtain a Prediction Index (P.I.) which is designed to make the initial screening of applicants on the basis of academic ability. It formally involves two separate components which are listed below: (LSAT and LSAT writing X10) plus GPA X 200 No. 2 (LSAT 1.5) plus GPA X 300. A student must score 1,500 points on the first formula in order to be eligible to continue the admission process. A student under the second formula must score 1,550 points in order to remain in the admission pool. Once a student has crossed

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[78] Michael D. Rappaport, "The Legal Educational Opportunity Program at UCLA: Eight Years of Experience", The Black Law Journal, pp. 506-507.

this hurdle, he/she is then able to move on to the second step which involves the non-traditional criteria.[79]

An evaluation of this program has shown that students admitted under the LEOP compared favorably with students admitted under the the regular admission program even though the attrition rate of students under LEOP is higher than that of students admitted under the regular process. Rappaport has also observed that minority students with good credentials having an LSAT above 520 and GPA above 3.20 "seem to perform almost as well as their regularly admitted counterpart with LSATs of a 150 higher".[80] The data also show that "the higher the P.I. score, the more likely the chances of passing the bar. They do not say that LEOP students with lower P.I. scores will not pass the bar. To the contrary ... 48 percent who would not now be admitted who have graduated" have passed the California bar.

The question may be raised as to what the psychological impact of being admitted to a graduate or professional school under the designation "special admitted" has on such students. William C. Boyd interviewed a national sample involving 250 students at 21 law schools

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79 Ibid.

80 Ibid.

situated throughout the country. One of the items in the interview schedule concerned the student attitude towards being specially admitted. According to Boyd, 80 percent of minority law students do feel that they were "special admits". However, this has had no serious and no negative effects on most of them. A decided majority of these students say that there is no likelihood of their leaving school before receiving their degrees. Instead of being concerned about a presumed designation as "special admitted", these students are more concerned about academic performance, financial support, and attitudes of professors towards them as minority group students.

The above studies, then, would appear to offer an adequate rationale for the use of preferential admissions procedures in the selection of minority group students based upon such factors 1) rectification of past acts of discrimination and exclusion; 2) fulfilling a societal need; 3) producing people willing to serve in underserved areas; 4) increasing the diversity of both the student body and the profession; 5) meeting the moral urgency created by the problems of inequality of access; 6) making graduate and professional schools more available to a wider array of students; and 7) the tradition of institutional autonomy as broadly interpreted by American universities.

In order to overcome the negative impact of these factors on minority groups, "racial identification" should be a most crucial component of elements utilized in making admissions decisions.

APPLICANTS, ACCEPTANCES AND ENROLLMENTS: MINORITIES IN GRADUATE AND PROFESSIONAL SCHOOLS

There is little doubt that had it not been for affirmative efforts and Special Admissions Programs, the unprecedented enrollments of minority students in graduate and professional schools in the last few years would not have occurred. The most significant increases have taken place in terms of the numbers of minority students who applied who were accepted and enrolled rather than in terms of their percentages of the total. As the evidence to be examined below will demonstrate, the percentages of minority student enrollment in all graduate and professional schools remain appallingly low, despite the special and preferential programs previously discussed. Whatever changes are observed in minority admissions have come about largely because of set-aside practices, enrichment programs, and discretionary decisions of the sort identified in earlier sections.

Admissions, Acceptances and Enrollments in Medical and Dental Schools and in the Health Fields

According to Grace M. Carter and Associates, the total applicant pool for medical schools has been increasing rapidly since the early 1960's. Their data show that in the 1955-56 period, the medical schools received 14,537 applications. Of that number, 7,969 were accepted and 7,686 were

first-year enrollees. In 1960-61, there were 14,387 applicants. Of that number, some 8,550 were accepted and 8,298 were enrolled in the first-year class period. The major increases began to be noted in the 1965-66 academic year. In that year, some 18,713 applications were received; and of that number, 9,012 were accepted applicants and 8,759 were in the first-year medical school classes. By 1972-73, the number of applicants received had almost doubled at 36,135. Similarly, the number of accepted applicants (13,757) also rose dramatically. Hence, the 13,726 first-year enrollees meant that the number of first-year enrollees had almost doubled over the 1955-56 academic year. Inasmuch as the most stringent test that prospective physicians will pass is measured by the criterion of the ratio between admissions to medical school and the number of applicant places, it is evident that the actual number of medical places had increased significantly between 1955 and 1972. A rise in places can be attributed to the growth in the number of medical schools in the United States in the same period.[81]

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[81] Grace M. Carter, David S.P.C. Shu, John E. Koehler, Robert L. Slighton, and Albert E. Williams, Jr., "Federal Manpower Legislation and the Academic Health Careers", an interim report prepared for the Health Resources Administration and the Office of the Assistant Secretary for Planning and Evaluation of DHEW. Rand, Santa Monica: California (April 1974), p. 21.

More recent examinations of applicant, acceptance and enrollment data show that the pattern which began in mid 1960's has continued from the 1970's forward. For example, W.F. Dube and Davis G. Johnson have provided evidence to show that applicant activity for the 1974-75 first-year class was the largest on record. For that year, some 42,624 applicants filing 362,376 applications were reported. However, these figures represent a slight decline in activity over the preceeding academic year. Further analysis of their data show that the ratio of application per individual was 8.50. Some 15,166 applicants were accepted or a ratio of 2.83 applicants per acceptance. This resulted in some 14,763 first-year enrollees in the 1974-75 academic year in 114 medical schools in the United States. Therefore, in that year, 38.3 percent of all applicants were accepted. This figure represents a decline in the percentage of acceptees over that of the 1970-71 year when 46 percent of all applicants were accepted. In fact, the percentage of applicants accepted has been declining since the 1972-73 academic year when 38.1 percent of all applicants were accepted. Dube and Johnson also state that:

> "Non-accepted applicants paralleled, although at a lower level, to trends observed for acceptives: a) application frequencies escalate as MCAT science scores increase; b)

there is no direct relationship between GPA's and the number of applications filed. The average non-accepted applicant, however, had MCAT science scores that were 71 points below those of accepted applicants; and GPA's are 40 points below the 3.45 recorded for acceptees.[82] A list of acceptances and application/enrollment rates for the 114 Medical Colleges in the United States in 1974-75 is provided in Table 14".

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[82] W. F. Dube and David G. Johnson, Ph.D., "Study of U.S. Medical School Applicants, 1974-75", Journal of Medical Education 51 (November 1976), pp. 877-895.

APPLICANTS AND NEW ENTRANTS BY MEDICAL SCHOOL AND SEX, 1974–75 FIRST-YEAR CLASS

Name of School (By State or Territory)	No. of New First-Year Entrants			Total No. of Applicants		
	Men	Women	Total	Men	Women	Total
Alabama						
* *Alabama—Birmingham*	104	21	125	1,046	204	1,250
* *South Alabama*	47	17	64	998	154	1,152
Arizona						
* *Arizona*	52	19	71	743	144	887
Arkansas						
* *Arkansas*	106	15	121	839	97	936
California						
* *California—Davis*	66	34	100	2,879	865	3,744
* *California—Irvine*	51	19	70	2,673	699	3,372
* *California—Los Angeles*	120	25	145	3,277	864	4,141
* *California—San Diego*	74	21	95	3,182	915	4,097
* *California—San Francisco*	94	53	147	3,753	1,153	4,906
Loma Linda	129	33	162	3,833	754	4,585
Southern California	98	30	128	3,635	916	4,551
Stanford	66	29	95	3,471	1,085	4,556
Colorado						
* *Colorado*	88	37	125	1,460	392	1,852
Connecticut						
* *Connecticut*	49	11	60	1,294	440	1,734
Yale	75	27	102	1,621	567	2,188
District of Columbia						
George Washington	111	37	148	6,840	1,726	8,566
Georgetown	166	39	205	6,721	1,629	8,350
Howard	83	44	127	3,413	892	4,305
Florida						
* *Florida*	60	20	80	1,690	371	2,060
* Florida State	27	9	36	27	9	36
Miami	106	18	124	1,059	175	1,234
* South Florida	54	10	64	756	125	883
Georgia						
Emory	92	12	104	4,407	909	5,316
* *Med. Coll. Georgia*	152	27	179	1,325	260	1,585
Hawaii						
* *Hawaii*	50	16	66	1,585	288	1,873
Illinois						
Chicago Medical	91	10	101	4,574	999	5,573
Chicago—Pritzker	82	22	104	5,355	1,260	6,615
* *Illinois*	273	58	331	2,140	543	2,683
Loyola (Stritch)	104	26	130	6,015	1,649	7,664
Northwestern	135	36	171	6,220	1,470	7,690
Rush	70	20	90	2,611	721	3,332
* *Southern Illinois*	45	10	55	1,024	221	1,245
Indiana						
* *Indiana*	244	61	305	1,447	307	1,754

* Asterisk indicates schools that were publicly supported during 1974–75. Italics indicate schools that participated in the American Medical College Application Service in the selection of their 1974–75 entering class, as reported in *1974–75 Medical School Admission Requirements, United States and Canada*. Washington, D.C.: Association of American Medical Colleges, 1973.

† The 116 schools listed on this table for 1974–75 include Florida State University—part of University of Florida—and East Carolina University—part of the University of North Carolina.

(*Continued*)

Name of School (By State or Territory)	No. of New First-Year Entrants			Total No. of Applicants		
	Men	Women	Total	Men	Women	Total
Iowa						
• *Iowa*	145	28	173	1,219	261	1,480
Kansas						
• Kansas	126	37	163	810	197	1,007
Kentucky						
• *Kentucky*	85	23	108	1,902	443	2,345
• *Louisville*	103	32	135	1,365	282	1,647
Louisiana						
• *Louisiana State—New Orleans*	120	25	145	1,067	195	1,262
• Louisiana State—Shreveport	36	4	40	439	60	499
Tulane	124	24	148	7,113	1,279	8,392
Maryland						
Johns Hopkins	94	26	120	1,221	345	1,566
• *Maryland*	120	45	165	1,371	414	1,785
Massachusetts						
Boston	95	36	131	3,803	1,320	5,123
Harvard	110	55	165	2,465	824	3,289
• Massachusetts	49	14	63	679	227	906
Tufts	99	46	145	3,281	1,138	4,419
Michigan						
• *Michigan*	179	58	237	3,241	856	4,097
• *Michigan State*	65	40	105	1,991	528	2,519
• *Wayne State*	214	41	255	3,562	733	4,295
Minnesota						
Mayo	32	9	41	1,401	339	1,740
• *Minnesota—Duluth*	29	7	36	880	170	1,050
• *Minnesota—Minneapolis*	198	41	239	1,550	349	1,899
Mississippi						
• *Mississippi*	125	25	150	840	127	967
Missouri						
• *Missouri—Columbia*	90	20	110	1,522	304	1,826
• Missouri—Kansas City	52	19	71	67	23	90
St. Louis	122	32	154	7,710	1,484	9,194
Washington—St. Louis	86	34	120	4,214	1,080	5,294
Nebraska						
Creighton	94	16	110	7,205	1,299	8,504
• *Nebraska*	121	24	145	1,023	258	1,281
Nevada						
• *Nevada*	36	12	48	715	133	848
New Hampshire						
Dartmouth	47	17	64	2,105	694	2,799
New Jersey						
• New Jersey Med.	80	32	112	1,848	544	2,392
• Rutgers	83	25	108	1,529	437	1,966
New Mexico						
• *New Mexico*	48	24	72	837	219	1,056
New York						
Albany	78	29	107	3,623	889	4,512
Albert Einstein	126	47	173	4,819	1,383	6,202
Columbia	104	42	146	3,314	1,155	4,469
Cornell	70	31	101	3,313	1,117	4,430
Mount Sinai	62	18	80	2,467	821	3,288

(*Continued*)

Name of School (By State or Territory)	No. of New First-Year Entrants			Total No. of Applicants		
	Men	Women	Total	Men	Women	Total
New York Med.	251	82	333	3,767	1,076	4,843
New York Univ.	138	48	186	2,875	957	3,832
Rochester	72	24	97	3,312	888	4,200
* *State Univ. New York—Buffalo*	106	29	135	4,214	1,103	5,317
* *State Univ. New York—Downstate*	159	57	216	4,902	1,383	6,285
* State Univ. New York—Stony Brook	23	27	50	1,377	536	1,913
* *State Univ. New York—Upstate*	91	29	120	3,802	1,038	4,840
North Carolina						
Bowman Gray	70	20	90	3,315	601	3,916
Duke	85	32	117	3,112	822	3,934
* East Carolina	17	3	20	290	44	334
* *North Carolina*	84	26	110	1,358	347	1,705
North Dakota						
* North Dakota	56	11	67	164	31	195
Ohio						
Case Western Reserve	100	37	137	6,634	1,606	8,240
* *Cincinnati*	151	33	184	5,326	1,206	6,532
* *Med. Coll. Ohio—Toledo*	62	18	80	1,513	321	1,834
* *Ohio State*	185	41	226	2,221	457	2,678
Oklahoma						
* Oklahoma	128	29	157	1,202	235	1,437
Oregon						
* *Oregon*	92	22	114	710	176	886
Pennsylvania						
Hahnemann	130	32	162	2,618	653	3,271
Jefferson	184	39	223	4,983	1,249	6,232
Med. Coll. Pennsylvania	24	66	90	2,897	2,202	5,099
* Pennsylvania	112	48	160	2,876	871	3,747
* Pennsylvania State	74	17	91	2,060	641	2,701
Pittsburgh	99	37	136	3,101	724	3,825
* *Temple*	136	42	178	3,913	1,032	4,945
Rhode Island						
Brown	46	14	60	222	63	285
South Carolina						
* *South Carolina*	131	24	155	1,188	172	1,360
South Dakota						
* South Dakota	52	13	65	251	58	309
Tennessee						
Meharry	77	30	107	2,477	585	3,062
* Tennessee	172	32	204	730	127	857
Vanderbilt	69	14	83	3,792	964	4,756
Texas						
Baylor	131	37	168	3,151	813	3,964
* Texas—Galveston	155	48	203	1,926	398	2,324
* Texas—Houston	46	6	52	1,875	407	2,282
* Texas—San Antonio	97	25	122	1,920	403	2,323
* Texas—Southwestern	172	28	200	1,963	417	2,380
* *Texas Tech*	29	11	40	1,410	232	1,642
Utah						
* *Utah*	84	16	100	1,769	306	2,075

(*Continued*)

Name of School (By State or Territory)	No. of New First-Year Entrants			Total No. of Applicants		
	Men	Women	Total	Men	Women	Total
Vermont						
• *Vermont*	59	24	83	1,702	480	2,182
Virginia						
Eastern Virginia	28	8	36	1,378	267	1,645
• *Med. Coll. Virginia*	137	28	165	2,809	594	3,403
• *Virginia*	111	22	133	2,249	536	2,785
Washington						
• *Washington*	105	30	135	1,411	383	1,794
West Virginia						
• West Virginia	72	11	83	350	68	418
Wisconsin						
Med. Coll. Wisconsin	97	17	114	4,059	792	4,851
• *Wisconsin*	122	37	159	1,037	278	1,315
Puerto Rico						
Puerto Rico	83	35	118	328	145	473
Total Schools†	11,315	3,264	14,579	288,962	73,414	362,376
Subtotals by Support						
Private (N = 46)	4,464	1,431	5,895	172,397	45,050	217,447
Public (N = 68)	6,851	1,833	8,684	116,565	28,364	144,929

tors were Cincinnati, 64; Illinois, 47; Texas-Southwestern, 46; Missouri-Kansas City, 31; University of California, San Diego, 30; South Florida, 28; Mississippi, 28; Massachusetts, 23; and Rush, 20. Fourteen schools provided 10 to 19 new places, 20 schools had three to nine extra places, and 12 schools had one more than the year before. Of the 59 medical schools without increases, 24 schools had no change, and 35 schools offered from one to 10 fewer new entrant places than in 1973–74. (Two schools are not considered here: Florida State students are included in the Florida count, East Carolina is part of the North Carolina total.)

Further analysis of the new entrant data reveals that women occupied 3,264 (22.4 percent) of these places, representing an increase of 538 (19.7 percent) over 1973–74, while the number of new entrant places for men rose by 165 (1.5 percent). Of all new entrants, 9,824 (67.4 percent) were admitted by the 75 schools participating in AMCAS—an increase of 1,262 (14.7 percent) individuals and five participating schools. Private schools enrolled fewer freshmen (5,895 or 40 percent) than public schools (8,684 or 60 percent) but received more than 217,000, or 60 percent, of the 362,376 applications filed for 1974–75. This discrepancy is obviously due to stricter geographical residence requirements imposed on publicly supported institutions.

A review of state totals for new entrants shows no major fluctuations over 1973–74. The seven states with more than 500 first-year new-entrant places in that year were joined by Massachusetts in 1974–75. This resulted in the following distribution: New York (12 medical schools), 1,744; Pennsylvania (seven medical schools), 1,040; Illinois (seven medical schools),

MINORITY APPLICANTS: The Dube-Johnson data also reveal that in the 1974-75 academic year, 15 percent of the total applicant pool or 6,000 individuals were identified or identified themselves as persons from various minority racial or nationality backgrounds. Of this number, 2,423 were Black Americans; 1,226 were Asians and 1,012 from other non-specified backgrounds. [*NOTE: These figures do not add up to 6,000. Some 1,319 people are not accounted for in the Dube-Johnson article on p. 887.] The acceptance percentages from Black Americans, American Indians, Mexican Americans, and Mainland Puerto Ricans exceed the national acceptance average of 35 percent. Black Americans received the highest number of acceptances at 43 percent, but the highest acceptance percentage was received by the Chicanos with 49 percent of 217 individuals. However, these underrepresented minorities accounted for only 9 percent of all acceptances in 1974-75, but they comprised about 7 percent of all applicants.[83]

Perhaps a better understanding and appreciation of the impact of affirmative efforts on the enrollment of minority group medical students can be gleaned from using 1966 as a base year. Prior to 1966, Blacks, American Indians, Chicanos, and Mainland

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[83] Ibid., p. 887.

Puerto Ricans represented only about 2 percent of all students enrolled in medical schools. In fact, prior to 1968, less than 1.0 percent of students enrolled in medical schools other than at Howard and Meharry Medical Colleges were Black. Since 1968, the numbers of those minorities have increased each year to a high of 10.9 percent in 1976-77.

In fact, according to Reitzes, the proportion of Blacks in medical schools remained almost constant at slightly more than 2.5 percent or less from 1947 to 1955-56. The following data, drawn from Reitzes, illustrate the point. In 1947-48, the 588 Black medical students comprised 2.59 percent of total medical school enrollment. Of that number, 495 were enrolled at Meharry Medical College and Howard University School of Medicine. Only 93 were scattered throughout all other medical colleges which were largely white. The percentage of Blacks in medical colleges remained at 2.59 percent through 1949-50. A decline in percentage to 2.52 percent was observed in 1951-52; however, a very slight upward trend started in 1951-52 but remained below 3.0 percent of the total until 1969-70.[84]

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[84] Dietrich C. Reitzes, Negroes and Medicine. Cambridge, Massachusetts: Harvard University Press, 1938.

A significant point of observation is that in 1968-69 Black students did experience an actual increase in their total numbers enrolled in medical colleges. However, they represented only 22 percent of total enrollment which approximated their proportion of 2.66 percent of total medical school enrollment in 1955-56.[85] Thus, no appreciable change in Black student enrollment occurred for almost a quarter century except that the 1968-69 figure was a decline below the 1955-56 total enrollment. However, as Black students began to be admitted to traditionally white medical schools in significant numbers in 1968 and thereafter, so were white students admitted and in much larger proportions. It appears that non-Black students were the primary beneficiaries of policies which led to an expansion of enrollment in medical schools.[86]

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85 Ibid.; (Re: 1955-56 enrollment) see Table 15 for 1968-69 data.

86 This is supported by evidence reported in a study conducted by Barbara Caress and Judy Kossy on minority student enrollment in the seven medical colleges in New York City. Caress and Kossy claim that of these seven institutions, only Cornell University had surpassed the 12 percent minority student enrollment established by AAMCs. (See: Charlayne Hunter-Gault, "Enrollment of Minority Students in Medicine is Reported Down", New York Times, April 28, 1977, p. 1.

In terms of the specific increases for each of the minority groups available, these data may be perhaps more illuminating. Among Blacks, first-year admissions in the 1968-69 academic year represented 2.7 percent of the total or 266 students. The percentages climbed to 6.1 percent in 1970-71; 7.2 percent in 1973-74; and up to 7.5 percent in 1974-75. Since that year, the percentages for Black first-year admissions or enrollees to medical colleges have been declining. This has occurred even though the number of medical colleges in the United States has expanded significantly since 1968-69. (See Table 15.)

Among Mexican Americans (as indicated in Table 15), in 1969 the 20 Chicano students enrolled as first-year medical school students represented a dismal two-tenths of 1 percent of the total enrollment among first-year medical school students. These enrollments of Chicano first-year medical students have shown a steady increase in every year since 1968-69. Consequently, in 1976-77 the 245 students of Chicano background represent 1.6 percent of the total first-year medical school student enrollees.

The enrollment of American Indians in first-year classes might appear to be considerably more dramatic. However, one has to be cognizant of the base upon which these changes have occurred. The three American Indian students in first-year classes in 1968-69 repre-

sented 0.1 percent of the total of such enrollments in medical schools of the country. The proportions did not change until the 1971-72 academic year and even then the change was insignificant. The peak reached so far by American Indian students as members of first-year classes occurred in the 1974-75 academic year when the 71 students of this origin represented 0.5 percent of the total. Since 1974-75 the enrollment of American Indian students in first-year classes, in terms of percentage of the total, has been on the decline. (See Table 15.)

Among Puerto Ricans, like the American Indians in 1968-69, only three students of Puerto Rican origin could be identified among the first-year enrollees of medical school classes. They represented 0.1 percent of the total first-year enrollees at the time. The percentage of first-year Puerto Rican medical school students began to climb in the 1970-71 year and has continued upward into the 1976-77 academic year. At the present time, the first year Puerto Rican medical school students represent 0.5 percent of the total enrollment in first-year classes. By contrast, as illustrated in Table 15, the numerical increase as well as the percentage increase of women students in first-year medical school classes has been perhaps more profound.

First-Year U.S. Minority Medical Student Enrollments
INCLUDING Repeaters, Re-Entries, etc., 1968-69 - 1976-77

Acad. Year	Blacks		Mex. Amer.		Amer. Ind.		Puer. Ric		Women	
	#	%	#	%	#	%	#	%	#	%
1976-77	1040	6.7	245	1.6	43	0.3	72	0.5	3858	24.7
1975-76	1036	6.8	224	1.5	60	0.4	71	0.5	3647	23.8
1974-75	1106	7.5	227	1.5	71	0.5	69	0.5	3275	22.2
1973-74	1027	7.2	174	1.2	44	0.3	56	0.4	2790	19.7
1972-73	957	7.0	137	1.0	34	0.3	44	0.3	2300	16.8
1971-72	882	7.1	118	1.0	23	0.2	40	0.3	1693	13.7
1970-71	697	6.1	73	0.6	11	0.1	27	0.2	1256	11.1
1969-70	440	4.2	44	0.4	7	0.1	10	0.1	948	9.1
1968-69	266	2.7	20	0.2	3	0.1	3	0.1	887	9.0

Source; Journal of the American Medical Association, Dec. 1975, Vol. 234, No. 13.

In 1976-77, the total number of women students enrolled in first-year medical school classes is 3,858. This represents more than a 400 percent increase in terms of numbers over the 887 female students enrolled in first-year classes in the 1968-69 academic year. However, the percentage increase has been from 9.0 percent to 24.7 percent. (See Table 15.) An examination of total U.S. minority and foreign student enrollment data may be instructive. (See Table 16.)

As indicated in Table 16, in 1968-69 Blacks comprised 2.2 percent of total enrollment in American medical colleges. Blacks made steady increases up through 1974-75, a year when their percent reached 6.3 of the total enrollment or moving from 783 students in 1968-69 to 3,355 in 1974-75. The percentage of Black students, in terms of the total enrollment, began to decline in 1975-76 and has continued into the 1976-77 year. (See Table 16.)

Among Chicanos or Mexican Americans, the percentage increases have changed from 0.2 of the total in 1968-69 and 1969-70 to 1.0 percent of the total in 1973-74, but the peak year so far is 1976-77 in which they comprised 1.4 percent of the total. These figures represent, at their extremes, an increase from 59 students in 1968-69 to 780 Chicano students in 1976-77.

A further examination of Table 16 shows that the American Indians have enjoyed a substantial numerical increase from 9 students in 1968-69 to 186 in 1976-77. This represents a change from less than one-tenth of 1 percent in 1968-70 to 0.3 percent in 1976-77. Similar changes are observed among Puerto Rican students. For example, the three Puerto Rican students enrolled in 1968-69 comprised less than one-tenth of 1 percent in that year. However, the 232 Puerto Rican students in 1976-77 represent 0.4 percent of the total enrollment. The total enrollment of minority students in medical colleges is, therefore, substantially below their proportion in the total population. The overwhelming majority of medical school students are still white males.

It is assumed that several of the minority students were admitted under Special Admissions Programs. It may be interesting to know at this juncture that a study conducted by Harold Simon and James Covell of the University of California - San Diego School of Medicine sheds light on the comparative performances of students admitted under the regular admission program in contrast to students admitted under admissions-variance routes or special admissions. Twenty-three medical students from socio-economically disadvantaged backgrounds who were largely Chicanos and Black Americans, were admitted preferentially to the University in 1970-71. This group

TABLE 16
TOTAL U.S. MINORITY AND FOREIGN STUDENT ENROLLMENTS
(MEDICAL SCHOOLS)

Academic Year	Blacks		Mexican Amer.		Amer. Indians		Puerto Ricans		Women	
	#	%	#	%	#	%	#	%	#	%
1976-77	3517	6.1	780	1.4	186	0.3	232	0.4	12,954	22.4
1975-76	3456	6.2	699	1.3	172	0.3	197	0.4	11,417	20.5
1974-75	3355	6.3	638	1.2	159	0.3	172	0.3	9,661	18.0
1973-74	3049	6.0	496	1.0	97	0.2	123	0.2	7,828	15.4
1972-73	2582	5.4	361	0.8	69	0.2	90	0.2	6,082	12.8
1971-72	2055	4.7	252	0.6	42	0.1	76	0.2	4,755	10.9
1970-71	1509	3.8	148	0.4	18	*0.1	48	0.1	3,878	9.6
1969-70	1042	2.8	92	0.2	18	*0.1	26	*0.1	3,392	9.9
1968-69	783	2.2	59	0.2	9	*0.1	3	*0.1	3,136	8.8

*Less than 0.1 Source: The Journal of the American Medical Assocation, December 1976.

was compared with twenty-four regular admitted junior and senior medical students with respect to specific admissions criteria such as MCAT test scores, GPA's, and college rating scores as well as other variables. NBME-1 scores identified two distinct populations. The average scores of both groups were clearly above the minimum passing level. The differences between the two groups "following completion of two of three major clinical clerkships has become the distinction between a 'slightly above above' level of performance for the regular admitted students and an 'average' level for students admitted on variances".[87] Hence the differences between these two groups in terms of performance do not appear to be substantial.

Significantly, without such programs and other types of preferential admission and enrichment programs, neither the absolute increases nor the percentage increases described would have occurred. The pre-1968 data compared to 1968 and post-1968 data on minority student enrollment reflect the influence of these types of programs.

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[87] Harold J. Simon, M.D. and James W. Covell, M.D., "Performance of Medical Students Attended via Regular and Admission-Variance Routes", Journal of Medical Education 50 (March 1975) pp. 237-244.

TOTAL ENROLLMENTS IN SELECTED PROFESSIONS SCHOOLS: As indicated in Table 17, the total minority enrollment in medicine in 1976-77 is 10.9 percent. In osteopathic medicine, the total minority enrollment in 1975-76, the last year of which available data are given, is 3.5 percent. Data for the same year show that minority enrollment in dentistry has reached 9.8 percent of the total (See also Table 18); in optometry it is 7.9 percent; in pharmacy it is 8.4 percent; and in podiatry it is 6.0 percent. The lowest representation of minority group students in selected health professional schools is in veterinary medicine, using 1972-73 data which show that the proportion of minority students is only 2.6 percent.

In nursing, although minority students represent about 8 percent of the total number of students enrolled in nursing programs, they comprise 9 percent of those enrolled in baccalaureate programs and slightly more than 8 percent of those in associate degree programs and somewhat more than 4 percent of those enrolled in diploma programs. (See Table 17.)

Total Enrollments in Selected Health Profession Schools in the United States by Sex and Racial/Ethnic Category

Profession and Academic Year	Total Minority	Total Whites	Female	Male
Medicine 1976-77	10.9	89.1	18.0	82.0
Osteopathic Medicine 1975-76	3.5	96.5	8.5	91.5
Dentistry 1975-76	9.8	90.2	6.8	93.2
Optometry 1975-76	7.9	92.1	5.1	94.9
Pharmacy 1975-76	8.4	91.6	30.4	69.6
Podiatry 1975-76	6.0	94.0	1.5	98.5
Veterinary Medicine 1972-73	2.6	97.4	13.6	86.4
Nursing 1975-76	7.9	92.1	95.2	4.8
Diploma	4.3	95.7	95.2	3.8
Associate	8.3	91.7	93.2	6.8
Baccalaureate	9.0	91.0	96.0	4.0

Source: Minorities and Women in Health Fields, BHM, DHEW, Pub. No. (HRA) 76-22.

1976-77

DENTAL SCHOOL MINORITY ENROLLMENT

DENTAL SCHOOL	First Year			First Thru Fourth Year		
	Total	Minority	%*	Total	Minority	%**
U. of Alabama	72	4	5.6	275	16	5.8
U. of the Pacific	137	23	16.8	404	69	17.1
U. of California - S.F.	88	35	39.8	347	139	40.1
U. of California - L.A.	107	36	33.6	429	139	32.4
U. of So. California	140	66	47.1	508	177	34.8
Loma Linda U.	95	17	17.9	309	50	16.2
U. of Colorado	25	6	24.0	97	15	15.5
U. of Connecticut	52	1	1.9	172	7	4.1
Georgetown U.	150	7	4.7	584	34	5.8
Howard U.	108	82	75.9	372	290	78.0
U. of Florida	60	7	11.7	184	22	12.0
Emory U.	105	5	4.8	403	14	3.5
Med. College of Georgia	62	8	12.9	180	20	11.1
Loyola U.	137	7	5.1	538	30	5.6
Northwestern U.	105	7	6.7	410	35	8.5
Southern Illinois U.	48	1	2.1	130	1	0.8
U. of Illinois	133	13	9.8	538	53	9.9
Indiana U.	129	6	4.7	504	16	3.2
U. of Iowa	96	5	5.2	369	15	4.1
U. of Kentucky	60	2	3.3	242	12	5.0
U. of Louisville	38	3	3.4	332	10	3.0
Louisiana State U.	101	3	3.0	369	4	1.1
U. of Maryland	137	19	13.9	527	51	9.7
Harvard U.	20	2	10.0	79	20	25.3
Boston U.	42	1	2.4	138	9	6.5
Tufts U.	160	16	10.0	465	41	8.8
U. of Detroit	85	5	5.9	269	11	4.1
U. of Michigan	152	14	9.2	602	59	9.8
U. of Minnesota	150	5	3.3	582	19	3.3
U. of Mississippi	25	1	4.0	49	5	10.2
U. of Missouri - K.C.	159	7	4.4	633	24	3.8
Washington U.	84	11	13.1	251	19	7.6
Creighton U.	77	5	6.5	296	18	6.1
U. of Nebraska	66	-	0.0	260	3	1.2
Fairleigh Dickinson	83	4	4.8	328	15	4.6
New Jersey Dental School	83	17	20.5	212	37	17.5
Columbia U.	61	3	4.9	216	13	6.0
New York U.	207	7	3.4	572	22	3.8
New York U. - Stony Brook	23	1	4.3	90	8	8.9
New York U. - Buffalo	91	8	8.8	358	24	6.7
U. of North Carolina	84	8	9.5	325	22	6.8
Ohio State U.	202	5	2.5	587	10	1.7
Case Western Reserve U.	106	8	7.5	395	28	7.1
U. of Oklahoma	72	6	8.3	153	18	11.8
U. of Oregon	82	9	11.0	314	31	9.9
Temple U.	148	4	2.7	572	20	3.5
U. of Pennsylvania	162	14	8.6	642	41	6.4
U. of Pittsburgh	135	7	5.2	525	29	5.5
Med. U. of S. Carolina	52	3	5.8	162	7	4.3
Meharry Medical College	53	49	92.5	175	156	89.1
U. of Tennessee	155	3	1.9	469	8	1.7
Baylor College	129	4	3.1	391	12	3.1
U. of Texas - Houston	124	10	8.1	487	38	7.8
U. of Texas - S.A.	151	18	11.9	360	40	11.1
Virginia Commonwealth U.	110	15	13.6	438	26	5.9
U. of Washington	102	9	8.8	390	36	9.2
West Virginia U.	62	-	0.0	239	3	1.3
Marquette U.	137	3	2.2	543	7	1.3
U. of Puerto Rico	66	-	0.0	223	-	0.0
TOTAL	5,935	645	10.9	21,013	2,098	10.0

* Minority percentage of first-year enrollment.
** Minority percentage of first- thru fourth-year enrollment.

1976-77
TOTAL DENTAL SCHOOL MINORITY ENROLLMENT

DENTAL SCHOOL	Black		Puerto Rican		Mexican American		American Indian		Oriental		Other	
	M	F	M	F	M	F	M	F	M	F	M	F
U. of Alabama	9	2	-	-	-	1	-	-	4	-	-	-
U. of the Pacific	1	-	-	-	5	1	1	-	52	9	-	-
U. of California - S.F.	18	8	-	-	44	1	2	-	49	5	9	3
U. of California - L.A.	18	12	-	2	32	5	5	1	48	16	-	-
U. of So. California	15	3	3	-	42	9	4	-	52	6	37	6
Loma Linda U.	5	2	-	-	4	-	-	-	28	8	3	-
U. of Colorado	1	1	-	-	7	1	1	-	4	-	-	-
U. of Connecticut	2	2	-	-	-	-	-	-	1	2	-	-
Georgetown U.	10	4	-	-	-	-	1	-	15	-	4	-
Howard U.	193	66	1	-	-	-	-	-	3	-	23	4
U. of Florida	4	1	-	1	-	-	1	-	1	-	12	2
Emory U.	1	-	-	-	-	-	-	-	7	-	6	-
Med. College of Georgia	14	6	-	-	-	-	-	-	-	-	-	-
Loyola U.	4	2	-	-	2	-	2	-	18	2	-	-
Northwestern U.	1	1	-	-	1	1	4	-	23	4	-	-
Southern Illinois U.	1	-	-	-	-	-	-	-	-	-	-	-
U. of Illinois	13	7	1	-	4	2	-	-	15	-	10	1
Indiana U.	4	4	-	-	1	-	-	-	7	-	-	-
U. of Iowa	5	2	-	-	3	-	2	-	1	2	-	-
U. of Kentucky	7	3	-	-	-	-	-	-	1	-	1	-
U. of Louisville	3	2	-	-	-	-	1	-	1	1	2	-
Louisiana State U.	3	1	-	-	-	-	-	-	-	-	-	-
U. of Maryland	23	14	-	-	-	-	-	-	3	5	5	1
Harvard U.	8	1	-	-	1	-	-	-	6	2	2	-
Boston U.	1	-	-	-	-	-	-	-	5	2	1	-
Tufts U.	8	6	-	-	2	1	3	-	11	5	5	-
U. of Detroit	6	2	-	-	-	-	-	-	2	1	-	-
U. of Michigan	38	15	-	-	1	-	1	-	4	-	-	-
U. of Minnesota	4	-	-	-	5	-	1	-	7	-	2	-
U. of Mississipoi	2	1	-	-	-	-	1	-	1	-	-	-
U. of Missouri - K.C.	10	3	-	-	6	-	-	-	2	1	1	1
Washington U.	5	2	-	-	-	-	-	1	8	3	-	-
Creighton U.	8	2	-	-	2	-	1	-	5	-	-	-
U. of Nebraska	-	-	-	-	-	-	1	-	2	-	-	-
Fairleigh Dickinson U.	8	1	2	1	-	-	-	-	3	-	-	-
New Jersey Dental School	17	4	-	-	-	-	1	2	5	2	6	-
Columbia U.	2	1	4	1	-	-	-	-	4	1	-	-
New York U.	6	1	4	1	-	-	-	-	6	4	-	-
New York U. - Stony Brook	2	2	-	-	-	-	-	-	4	-	-	-
New York U. - Buffalo	7	6	2	1	-	-	1	-	4	-	2	1
U. of North Carolina	9	5	-	-	-	-	2	2	1	1	2	-
Ohio State U.	3	1	-	-	-	-	-	-	4	1	1	-
Case Western Reserve U.	8	4	-	-	-	-	1	-	12	3	-	-
U. of Oklahoma	5	1	-	-	3	-	8	-	-	-	1	-
U. of Oregon	6	1	-	-	6	1	3	-	10	3	1	-
Temple U.	10	3	-	-	-	-	-	-	6	1	-	-
U. of Pennsylvania	9	5	5	-	4	-	3	-	13	2	-	-
U. of Pittsburgh	9	9	-	1	1	-	1	-	5	1	1	1
Med. U. of S. Carolina	6	-	-	-	-	-	-	1	-	-	-	-
Meharry Medical College	107	35	1	-	3	1	1	-	1	-	5	2
U. of Tennessee	4	2	-	-	-	-	-	-	2	-	-	-
Baylor College	2	2	-	-	2	1	1	-	3	-	1	-
U. of Texas - Houston	8	2	-	-	17	4	1	-	5	1	-	-
U. of Texas - S.A.	1	-	-	-	22	7	-	-	6	2	2	-
Virginia Commonwealth U.	6	6	-	2	-	-	1	-	5	1	3	2
U. of Washington	6	1	-	-	6	-	1	-	18	3	1	-
West Virginia U.	2	-	-	-	-	-	-	-	-	1	-	-
Marquette U.	-	-	-	-	3	-	-	-	2	2	-	-
U. of Puerto Rico	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	688	267	23	10	229	36	57	7	505	103	149	24
TOTAL FOR EACH MINORITY	955		33		265		64		608		173	
% of Total Enrollment	4.5%		0.2%		1.3%		0.3%		2.9%		0.8%	

1976-77

DENTAL SCHOOL MINORITY GRADUATES

DENTAL SCHOOL	Black		Puerto Rican		Mexican American		American Indian		Oriental		Other	
	M	F	M	F	M	F	M	F	M	F	M	F
U. of Alabama	-	1	-	-	-	-	-	-	-	-	-	-
U. of the Pacific	-	-	-	-	3	-	-	-	9	1	-	-
U. of California - S.F.	5	-	-	-	5	-	1	-	10	3	3	-
U. of California - L.A.	4	1	-	-	13	3	1	-	12	2	-	-
U. of So. California	6	1	-	-	8	-	-	-	18	1	22	3
Loma Linda U.	-	1	-	-	2	2	-	-	8	-	-	-
* U. of Colorado	-	-	-	-	-	-	-	-	-	-	-	-
U. of Connecticut	1	-	-	-	-	-	-	-	-	-	-	-
Georgetown U.	1	-	-	-	-	-	-	-	6	-	-	-
Howard U.	62	18	-	-	-	-	-	-	1	-	-	-
U. of Florida	-	-	-	-	-	-	-	-	-	-	1	-
Emory U.	-	-	-	-	-	-	-	-	2	-	-	-
Med. College of Georgia	5	2	-	-	-	-	-	-	2	-	-	-
Loyola U.	2	-	-	-	-	-	-	-	4	-	-	-
Northwestern U.	-	-	-	-	-	-	-	-	10	-	-	-
Southern Illinois U.	1	-	-	-	-	-	-	-	-	-	-	-
U. of Illinois	3	-	-	-	-	-	-	-	2	-	-	-
Indiana U.	-	1	-	-	-	-	-	-	1	-	-	-
U. of Iowa	2	-	-	-	-	-	-	-	-	-	-	-
U. of Kentucky	4	-	-	-	-	-	-	-	1	-	-	-
U. of Louisville	-	-	-	-	-	-	-	-	-	-	2	-
Louisiana State U.	1	-	-	-	-	-	-	-	-	-	-	-
U. of Maryland	9	-	-	-	-	-	-	-	1	1	1	-
Harvard U.	1	-	-	-	1	-	-	-	1	1	-	-
Boston U.	-	-	-	-	-	-	-	-	-	-	-	-
Tufts U.	5	1	1	-	-	-	-	-	2	-	-	-
U. of Detroit	4	1	-	-	-	-	-	-	-	-	1	-
U. of Michigan	5	1	-	-	-	-	-	-	1	-	-	-
U. of Minnesota	1	2	-	-	1	-	-	-	1	1	-	1
* U. of Mississippi	-	-	-	-	-	-	-	-	-	-	-	-
U. of Missouri - K.C.	1	-	-	-	-	-	-	-	-	-	-	-
Washington U.	2	-	-	-	-	-	-	-	7	-	-	-
Creighton U.	4	-	-	-	1	-	-	-	2	-	-	-
U. of Nebraska	-	-	-	-	-	-	-	-	-	-	1	-
Fairleigh Dickinson	1	-	-	-	1	-	-	-	1	-	-	-
New Jersey Dental School	2	-	-	-	-	-	-	-	2	1	-	-
Columbia U.	-	-	-	-	-	-	-	-	2	1	-	-
New York U.	4	-	-	-	-	-	-	-	4	-	-	1
* New York U. - Stony Brook	-	-	-	-	-	-	-	-	-	-	-	-
New York U. - Buffalo	2	-	-	-	-	-	-	-	4	-	2	-
U. of North Carolina	-	-	-	-	-	-	-	-	1	-	-	-
Ohio State U.	4	-	-	-	-	-	-	-	2	-	-	-
Case Western Reserve	3	-	-	-	1	-	-	-	3	1	-	-
U. of Oklahoma	1	-	-	-	-	-	1	-	-	-	-	-
U. of Oregon	-	-	-	-	-	-	-	-	2	-	-	-
Temple U.	2	-	-	-	-	-	-	-	2	-	-	-
U. of Pennsylvania	5	-	-	-	-	-	-	-	2	-	5	-
U. of Pittsburgh	2	-	-	-	-	-	-	-	1	-	-	-
Med. U. of S. Carolina	-	-	-	-	-	-	-	-	-	-	-	-
Meharry Medical College	23	2	-	-	-	-	-	-	-	-	-	-
U. of Tennessee	1	-	-	-	-	-	-	-	2	-	-	-
Baylor College	-	-	-	-	1	-	-	-	-	-	-	-
U. of Texas - Houston	-	-	-	-	2	-	-	-	2	-	-	-
U. of Texas - S.A.	-	-	-	-	5	-	-	-	-	-	-	-
Virginia Commonwealth U.	2	-	-	-	-	-	-	-	-	-	-	-
U. of Washington	-	-	-	-	-	-	-	-	12	-	-	-
West Virginia U.	-	-	-	-	-	-	-	-	-	-	-	1
Marquette U.	-	-	-	-	-	-	-	-	-	1	-	-
U. of Puerto Rico	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	181	32	1	0	44	5	3	0	143	14	38	6
TOTAL FOR EACH MINORITY	213		1		49		3		157		44	
% Of All Graduates	4.0%		0.0%		0.9%		0.1%		2.9%		0.8%	

* Recent program with no graduates in 1976.

In terms of degrees earned in medical schools, for example, Blacks have more than doubled their proportion over the 1969-70 period when Bl[illegible]edical school graduates represented 2 percent of the total number of degrees conferred. As of 1974-75, Black medical school graduates comprised 5.0 percent of the total. American Indians, Chicanos and Puerto Ricans have also registered notable gains, however small the proportions, over the numbers of medical schools degrees conferred in 1969-70. Much of the stimulus for this activity was certainly a direct result of the increased awareness of social inequities and their effects on the economic and social conditions , and the psychological health of minorities. In this period, considerable emphasis was given to providing equal opportunities by increasing access of minority students to medical schools and to health professions schools and by carefully constructed programs designed to decrease the attrition rates of minority students from such programs. Among such programs are financial aid arrangements, tutorials, and summer enrichment programs.

ATTRITION IN MEDICAL SCHOOLS: In 1966, Johnson and Hutchins addressed the problem of attrition of primarily non-minority medical students. They identified five different, though interrelated, levels at which an analysis of the causes of attrition can be conducted. These are:

1) the basic adjustment at the individual institution; 2) normative characteristics of groups of students; 3) interaction of student, faculty, and administrators; and 4) institutional characteristics, and broad social forces. They focused their efforts on levels 2,3 and 4.

No comparable study has been conducted with minority students. One would expect, however, that some of these interclinical characteristics may have heightened importance in the case of minority students. For example, factors showing differences between successful and unsuccessful students in the study included age, sex, number of children, health, attendance at first-choice medical schools, attendance at an undergraduate college with sizeable or demanding pre-medical programs performance of a medical college admissions test and lack of pre-medical education.[88] Analysis of data of this sort might be instructive with regard to their impact on attrition/retention rates of minority students. In addition, inasmuch as so many minority students come from low-income

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88 D.G. Johnson and E.B. Hutchins, "Doctor or Dropout?", Journal of Medical Education 12, (December 1966); See also F.L. Douglas, "Retention: A New Myth", The Black Bag 5:1, pp. 9-15, 1975 and D.G. Johnson and William E. Sedlacek, "Retention by Sex and Race of 1968-72 U.S. Medical Entrants", Journal of Medical Education 50 (October 1975), p. 930.

families, the degree to which lack of financial resources contribute to attrition should be thoroughly examined.

LAW SCHOOLS: As in medical schools, the minority student enrollments in law schools have also demonstrated substantial increases in the period between 1969-76. An examination of Table 19 shows that in terms of total enrollment, the Black law students increased from 2,128 to 5,127 in the period between 1969 and 1975-76. Similarly, the Chicano increases were from 412 students in 1969-70 to 1,297 students in 1975-76. Among Puerto Ricans, the increase was from 94 students in 1969-70 to 233 in 1975-76. The figures for American Indians were 72 and 295 for the designated years, respectively. For Asian Americans, the figures were from 480 in 1971-72 to 1,099 in 1975-76. These increases have been generated largely by the implementation of a fair and equal admissions policy established by the Association of American Law Schools in 1964, aggressive recruitment and by the various types of enrichment programs previously identified.[89]

In 1969-70, total full-time enrollment in approved A.B.A. law schools was 68,386. Total minority student enrollment was 2,933 or 3.4 per-

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[89] Proceedings, 1974 Annual Meeting of the Association of American Law Schools. Washington, D.C.: AALS, 1974, p. 121.

1976 SURVEY OF MINORITY GROUP STUDENTS IN LEGAL EDUCATION
TABLE I
MINORITY STUDENTS ENROLLED IN APPROVED LAW SCHOOLS

		1st Year	2nd Year	3rd Year	4th Year	Group Not Stated	Total
ack American	1976-77	1,929	1,515	1,157	166	0	4,767
	1975-76	2,045	1,511	1,452	119	0	5,127
	1974-75	1,910	1,587	1,329	145	24	4,995
	1973-74	1,943	1,443	1,207	101	123	4,817
	1972-73	1,907	1,324	1,106	74	12	4,423
	1971-72	1,716	1,147	761	55	65	3,744
	1969-70	1,115	574	395	44	--	2,128
Chicano (Mexican-American)	1976-77	497	417	410	56	0	1,380
	1975-76	484	421	381	11	0	1,297
	1974-75	559	447	329	17	5	1,357
	1973-74	539	386	271	63	0	1,259
	1972-73	480	337	238	17	0	1,072
	1971-72	403	262	170	11	37	883
	1969-70	245	113	54	0	—	412
Puerto Rican	1976-77	107	64	77	13	0	261
	1975-76	113	121	96	3	0	333
	1974-75	117	87	56	3	0	263
	1973-74	96	47	32	5	0	180
	1972-73	73	40	25	5	0	143
	1971-72	49	25	18	2	0	94
	1969-70	29	14	13	5	—	61
Other Hispano American	1976-77	247	149	124	10	0	530
	1975-76	217	164	146	16	0	543
	1974-75	182	92	97	11	5	387
	1973-74	94	70	59	4	34	261
	1972-731	96	72	60	3	0	231
	1971-72	74	62	35	3	5	179
	1969-70	35	18	19	3	—	75
Asian or Pacific Islander	1976-77	382	423	331	42	0	1,178
	1975-76	436	343	287	33	0	1,099
	1974-75	429	322	288	21	3	1,063
	1973-74	327	297	202	19	5	850
	1972-73	298	218	144	20	1	681
	1971-72	254	142	72	7	5	480
American Indian or Alaskan Native	1976-77	118	83	66	9	0	276
	1975-76	118	88	84	5	0	295
	1974-75	110	90	65	0	0	265
	1973-74	109	65	44	3	1	222
	1972-73	79	48	44	2	0	173
	1971-72	71	46	18	2	3	140
	1969-70	44	17	10	1	—	72
Other	1969-70	84	55	42	4	—	185
Group Not Stated	1976-77	0	0	0	0	0	0
	1975-76	0	0	0	0	9	9
	1974-75	1	1	1	0	0	3
	1973-74	6	5	1	0	0	12
	1972-73	1	2	2	2	0	7
	1971-72	0	23	35	0	0	43
Total Minority Group Students	1976-77	3,280	2,743	2,165	296	0	8,484
	1975-76	3,413	2,648	2,446	187	9	8,703
	1974-75	3,308	2,626	2,165	197	37	8,333
	1973-74	3,114	2,313	1,816	195	163	7,601
	1972-73	2,934	2,041	1,619	123	13	6,730
	1971-72	2,567	1,707	1,099	80	115	5,568
	1969-70	1,552	791	533	57	--	2,933

Source: Advanced Data supplied by the AALS.

cent of the total. In 1972-73, the 6,730 minority students enrolled in law schools represented 6.6 percent of the total. By 1976-77, total law school enrollment had climbed to 117,451 and the minority enrollment of 9,524 presently represents 8.1 percent of the total law school enrollment.[90]

The most recent data concerning the enrollment of minorities in ABA-approved (American Bar Association) law schools has been provided by James B. White. He reports that minority group enrollment increased from 8,703 in the Fall of 1975 to 9,524 in the Fall of 1976. This does not include those Puerto Rican students enrolled in three approved law schools on the Island of Puerto Rico. However, the rise recorded represents a numerical increase of 821 students. It also represents a percentage increase of 9.4 percent. This increase has more than doubled the increase of 4.12 percent over the previous year. White states that the enrollment of Blacks in 1976-77 increased by 376 students or by 7.33 percent. This increase compares to a rise of 2.64 percent in the previous year. Similarly, Chicano enrollment rose during the 1976-77 academic year by 191 students or by 14.73 percent over the previous year. The current

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[90] Law Schools and Bar Admission Requirements: A Review of Legal Education in the U.S. (Fall 1975), American Bar Association.

increase among Chicano students is distinctive for it shows an upward trend in comparison to a decrease of 4.63 percent in 1975. The total minority enrollment in law schools in 1976 had reached 8.1 percent in contrast to 7.4 percent of the total enrollment in 1975-76.[91]

In general, only about one of every three applicants to approved law schools will be accepted in any given year.

GRADUATE SCHOOLS: Even though graduate school enrollment has increased to about 6.7 percent of total graduate school enrollment, the participation level of minority graduate school students remains quite low.[92] Between 1970 and 1975, graduate school enrollments increased from 1,140,000 to 1,590,000 or by 39.5 percent.

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91 James B. White, Learning and the Law (Winter 1977), pp. 31-32.

92 National Board of Graduate Education, Minority Group Participation Education. Washington, D.C.: National Board of Graduate Education: (June 1976), p.3.

To illustrate the increases in graduate school enrollment, the focus in this section will be on the experiences of Black Americans.[93]

The proportion of Blacks enrolled in graduate schools rose from 4.2 percent in 1970 to 5.2 percent in 1973 and up to 6.4 percent in 1975. However, there is some evidence that the proportions of Black students may be leveling off. It should be noted, however, that enrollments in graduate schools, in general, are also declining.

Nonetheless, several States have either been under a court order to increase the presence of Blacks in graduate schools or they have moved voluntarily in this direction. In Table 20, data are provided which show the proportion of Black graduate students in those States in which most of the predominately Black colleges are located. The percent in the total column is instructive in terms of identifying the proportions of Black students of the total graduate enrollment in the various States. However, one should be cautioned by the fact that these data are aggregated

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[93] This analysis is based upon a study conducted by James E. Blackwell, "The Participation of Black Students in Graduate and Professional Schools: An Assessment". Atlanta: Southern Education Foundation, 1977.

in the sense that they combine the enrollment of Black students in the 32 Black colleges having graduate programs with the enrollment of Black students in the predominantly white institutions. In the latter institutions the enrollment of Black students is most frequently unappreciable. (See Table 20.)

Full-Time Graduate Enrollment in Nineteen Selected States: Aggregate Institutional Data (Listed by Region)

State	Number of Black Students	Per Cent of Total	Total Graduate Enrollment
Delaware (U. of Dela)	18	2.1	870
District of Columbia	1443	21.8	6620
Maryland	577	8.8	6524
Pennsylvania	750	4.0	18716
Virginia	326	4.7	6890
West Virginia	68	2.7	2510
Alabama	1031	23.7	4356
Florida	599	5.8	10394
Georgia	1670	16.9	9904
Kentucky	163	4.0	4067
Mississippi	395	15.3	2578
North Carolina	491	7.8	6271
South Carolina	265	8.5	3128
Tennessee	511	7.2	7052
Ohio	1226	6.7	18345
Arkansas	93	6.8	1364
Louisiana	630	11.2	5602
Oklahoma	168	3.4	4895
Texas	718	3.4	20617
Missouri	379	4.6	8199

This assertion may be illustrated by the fact that:

> the 161 Black graduate students enrolled in the University of Maryland in College Park represent 5.6 percent of the total graduate enrollment at the campus. However, when the 161 students of the University of Maryland are combined with the 175 at Coppin State, the combined enrollment of Black students at these two institutions equals 58 percent of the total 577 graduate students who are Black in 22 reporting institutions. One third of them are enrolled at Coppin State College.[94]

A significantly larger proportion of Alabama's Black graduate students are enrolled in traditionally Black institutions than at the traditionally white institutions. For example, of the State's 1,031 Black graduate students, 489 are enrolled at Alabama State College at Montgomery, and 224 are enrolled at Tuskegee Institute, both of which are overwhelmingly Black. The combined Black graduate student enrollment at these two institutions is 78 percent of the total Black graduate enrollment within the State. On the other hand, there are 46 Black graduate students at Auburn's main campus where they represent 5.3 percent of the total and 56 at the

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[94] Ibid.

University of Alabama at Tuscaloosa where they constitute 6.1 percent of the total graduate enrollment.

In Mississippi, whose total Black graduate school enrollment is 395, 53 percent or 208 of them are enrolled at Jackson State University. On the other hand, the 21 Black graduate students at the University of Mississippi and the 68 at Mississippi State University comprise 4.5 percent and 10 percent, respectively, of their total graduate enrollments.

In Pennsylvania, the Black graduate students are concentrated primarily at Pennsylvania State (44 or 1.4 percent); Temple University (119 or 7.3 percent); the University of Pennsylvania (146 or 2.9 percent); the University of Pittsburgh with a total of 261 Black graduate students or 7.8 percent of the total enrollment in graduate schools.

These data indicate a clear pattern of graduate enrollment. In those States with at least two major graduate schools, one predominantly Black and one traditionally white, with a notable exception of schools like Texas Southern University in which the Black and white student enrollment is about equal, the overwhelming majority of Black students will be enrolled at traditionally Black

institutions and a distinct majority of white students will be enrolled in the traditionally white institutions.[95]

Table 21 provides information on the 32 graduate schools located at the predominantly Black colleges. These programs are comparatively small. All but four of them, (Meharry, Howard, Texas Southern, and Atlanta University who offer doctoral programs) provide graduate training only at the Masters degree level.

Whether traditionally Black or traditionally white, several institutions have adjusted recruitment practices in order to increase the number of minorities in graduate schools. I. Bruce Hamilton reported that 97 percent of the institutions he studied reported practices which liberalized admissions requirements. The most frequently reported practice was waiving a minimum score on the GRE.[96]

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95 Ibid., pp. 35-40.

96 I. Bruce Hamilton, Graduate School Programs for Minority/Disadvantaged Students. Princeton, New Jersey: Educational Testing Service (1973), p. 39.

Black Graduate Schools and Their Full-Time Enrollments

Institution	Black Student Enrollment	Total Enrollment
Alabama A & M University	18	106
Alabama State University	489	486
Alcorn A & M University	- (not available)	-
Atlanta University	761	855
Bowie State College	2	50
Cheyney State College	4	22
Coppin State College	175	226
Federal City College	143	171
Fisk University	62	75
Florida A & M University	115	135
Fort Valley State College	50	50
Grambling State University	6	6
Hampton Institute	33	42
Howard University	987	1107
Jackson State University	208	230
Lincoln University, Mo.	25	57
Kentucky State University	24	90
Meharry Medical College	25	32
Mississippi Valley State University	- (not available)	-
Morgan State University	51	177
Norfolk State College	15	15
North Carolina A&T State University	72	106
North Carolina Central University	119	127
Prairie View A&M University	101	104
Savannah State College	- (not available)	-
South Carolina State College	105	116
Southern University	212	219
Tennessee State University	70	81
Texas Southern University	80	172
Tuskegee Institute	224	240
Virginia State College	67	96
Xavier University - New Orleans	4	5

Source: Racial and Ethnic Enrollment Data From Institutions of Higher Education, Fall, 1974. Department of Health, Education and Welfare/Office of Civil Rights, November, 1976.

AFFIRMATIVE ACTION AND THE FEDERAL GOVERNMENT

FEDERAL GOVERNMENT STATUTES AND REGULATIONS: The concept of affirmative action in the Federal Government is pervasive. However, the understanding and application of that concept appears to vary from agency to agency, within agencies and from one area of application to another. Of course, the Federal Government is bound to apply the Civil Rights Laws and the Presidential Executive Order on Nondiscrimination and Affirmative action. Moreover, every Federal agency is bound by its own regulations and procedures dealing with nondiscrimination and affirmative action. However, there are varying degrees of responsibility, perceptions of responsibility, standards defining the term "affirmative action", and enforcement activity, depending upon the particular agency involved. In general, the common denominators of "affirmative action" espoused by the Federal agencies at least in the employment area, are the setting of utilization goals and timetables, accompanied by "good faith effort" to achieve those goals. It seems clear then, that the Federal Government does foster affirmative action by promoting these ideas.

First in importance of the important Federal statutes is Title VI of the Civil Rights Act of 1964. As previously specified, this Act

prohibits discrimination on the basis of race, color, or national origin in any program or activity receiving Federal assistance. Under this law, each Federal agency is charged with enforcing Title VI as regard recipients of Federal assistance from that agency. In particular, the Office for Civil Rights has enforcement responsibilities for educational institutions including graduate and professional schools. Title VI is the applicable statutory provision with respect to any discrimination toward students in admission to graduate and professional schools. The problem here is that Title VI does not itself define the nature and scope of voluntary affirmative action. Moreover, the Office for Civil Rights, in the past, has not always articulated clear policies or guidance on matters pertaining to affirmative action programs in student enrollment. Even in court-ordered instances, the memoranda and guidelines such as to the States regarding the Adams case suggest a posture of ambiguity and of cautiousness.[96]

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[96] cf. Martin Gerry's memorandum to the Dean of the Stanford University Law School, dated January 19, 1977; the memorandum to College and University Presidents, dated December 1974; and OCR's requirement for desegregation plans in the Adams Case. (Appendix I). It is our understanding that the positions articulated in Gerry's letter does not reflect the policy of the current administration. A disavowal of policy written by M. Gerry is forthcoming. See letters by Burton Taylor, dated August 3, 1972, and May 1, 1973, which refer to previous court decisions which "have held that differential treatment on the basis of race is not a violation of the Constitution where its intent is to overcome the effects of past discrimination". (Appendix 2)

The fact that OCR approves of race-specific remedial actions in the Adams States to compensate for historic and post/current patterns of discrimination would appear to be sufficient justification for a legal position which supports preferential admissions throughout the nation. Further support for this position arises from the OCR's policy pertaining to financial aid allocations by race which assert that this practice may be consistent with Title VI if the expressed and manifest purpose is to overcome the effects of a past discrimination.

Title VII of the Civil Rights Act prohibits discrimination on the basis of race, color, religion, sex, or national orgin in employment. The Equal Employment Opportunity Commission is charged with overall enforcement responsibilities for Title VII. Like Title VI, Title VII also uses anti-discrimination language. It does not specifically require affirmative action. However, the guidelines published by the Equal Employment Opportunity Commission do, in fact, contemplate affirmative action programs. Specifically, section 1607.14, republished November 24, 1976, reflects that there can be an obligation under both Title VII and Executive Order 11246 to undertake affirmative action.

One of the remedial requirements used by the EEOC is the placement of qualified minorities and women and training of minorities and women through affirmative action programs where they had been kept out by discriminatory practices. EEOC has obtained consent decrees which have included affirmative action programs. One caution--these decrees may have been based on some evidence of past discriminatory practictes. On January 18, 1973, EEOC, DOJ and DOL entered into consent decree with AT&T requiring among other things, that AT&T would take affirmative steps, via goals and timetables, to hire men in non-traditional jobs, as well as the affirmative hiring of women. As yet there is no discernable indication that the consent decree provided for the preferential hiring of persons by racial or sex identity.[97] The Steel Industry settlement of April 15, 1974, with EEOC, DOJ and DOL, provided for affirmative action with respect to hiring and promotion practices by designating goals of participation for minorities and women: 20 percent for women in hiring, and 25 percent for supervisory jobs and management training for minorities and women. These settlements

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[97] See U.S. Commission on Civil Rights Enforcement Effort--1974, Vol. V to Eliminate Employment Discrimination, pp. 549-553, in Appendix 3.

give some legitimacy to the use of specific percentages for employment practices. Nothing discernable as yet indicates that preferential treatment of these groups will be the method used to achieve the goals. However, one wonders how else they would be met.[98]

Voluntary compliance plans. As of July 1, 1975 there had been one voluntary compliance plan reached — with PG&E. It calls for increased recruitment and hiring of women and minorities, validation of employment tests and establishment of "goals" for women and minorities comparable to representation in the working age population in each customer service area.[99]

EEOC Office of Voluntary Programs has published Affirmative Action and Equal Employment: A Guidebook for Employers. While it strongly advocates affirmative action be taken, there is no discernable indication in this publication that preferential treatment of minorities, to the exclusion of non-minorities per se, is a proper technique of "affirmative action" under EEOC voluntary guidelines. In fact, it is indicated that preferential hiring simply to eliminate racial employment imbalances is barred by Title VII.

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98 Ibid., pp. 556-560, (Appendix 4.)

99 Ibid., pp. 568-570, (Appendix 5.)

Executive Order No. 11246 also refers to affirmative action in employment. Executive Order No. 11246 directs all contractors of Federal agencies or those contracting for construction projects with institutions or agencies using Federal assistance for contracts not to discriminate on the basis of race, color, regligion, sex, or national origin in their employment practices. Furthermore, these contractors must take affirmative action.

The Department of Labor is charged with basic responsibility for implementing and enforcing Executive Order No. 11246. The Office of Federal Contract Compliance Programs has been delegated this function. DOL has published both Employee Selection Guidelines and OFCCP has published Affirmative Action Guidelines.[100] (Appendix 6). The former precludes disparate treatment in selection, without indicating that preferential treatment to increase minority participation is acceptable (§60-3.9). Its section on affirmative action (§60-3.11) adds little. OFCCP's guidelines, also known as Revised Order No. 4 contain much more detail regarding what is expected by an employer in affirmative action programs. Its primary focus appears to be in establishing whether there is underutilization of minorities or

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[100] See Appendix 6.

women in an employment area and the use of goals and timetables to increase their utilization to a level commensurate with their participation in the work force. Failure to meet these goals, however, does not render an employer in violation if good faith efforts were made to achieve them.

OCR, HEW, has been delegated responsibility for applying and enforcing Executive Order No. 11246 with regard to educational institutions. As regards colleges and universities, OCR has not taken the position that preferential hiring on the basis of race is to be encouraged or even permissible. For example, in a memorandum of August 1975,[101] OCR called for every good faith effort to eliminate underutilization. Guidelines accompanying the memorandum state that "quotas are neither required nor permitted by the Executive Order".[102] A further OCR memorandum in December 1974, gave examples of issues under the Higher Education Guidelines. While it said that affirmative action is required under the Executive Order, it stated that recruitment by race, sex or ethnic identifiers is not permissible — even by preference and the waiver of the re-

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101 Appendix 7

102 Appendix 8, p. 400

quirement for one group and not for another on the basis of race, color, religion, sex, or national origin is impermissible under the Executive Order 64.[103]

Title IX and the Education Amendments of 1972 also preclude discrimination on the basis of sex. However, certain exceptions are made but discrimination is forbidden in educational agencies and institutions receiving Federal assistance. Responsibility for the enforcement of Title IX lies with the Office for Civil Rights of the Department of Health, Education, and Welfare. As in other instances, the provision uses anti-discrimination language but the regulations adopted under this authority contemplate Affirmative Action Programs.

These positions appear to contradict the position taken in reaching an agreement on the Philadelphia Plan and the policies mandated in the Adams States guidelines and in earlier letters referred to in Appendix 2.

AFFIRMATIVE ACTION AND MINORITY GROUP FACULTY: At least four views dominate the current debate about the impact of affirmative action on the participation of minority group faculty in higher education.

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[103] Appendix 9, pp. 400:502-503 and 400:507, respectively.

The opponents of affirmative action are convinced that the implementation of affirmative action policies has been so extensive that it is tantamount to "reverse discrimination" against white males. People in this group claim that the hiring of minorities for faculty positions is done preferentially and that "better qualified" white males are denied positions as universities seek out minorities and white females.

Related to this argument is the position taken by some adversaries to affirmative action that it is a waste of time, energy, and money and results in a reduction in the quality of the faculty hired. The major flaws in these two viewpoints are threefold. First, no objective evidence has been produced, in any acceptable manner, to substantiate the argument that affirmative action lowers faculty quality. The basic assumption such persons appear to advocate is that every white male, by virture of race and sex, is either by definition or implicitly superior in quality, training and capabilities to every minority and/or female candidate for a faculty position.

This assumption has never been substantiated by any reliable empirical data.

The issue of "reverse discrimination" is curious and of questionable merit. It attacks the use of "quotas" and "goals" as well as

timetables for reaching such goals. It is curious in the sense that it reflects the short memories of so many individuals and their disregard for present conditions in so many universities and colleges. The time was not so long ago when many colleges and universities, prestigious, mediocre, ordinary and dismal, applied a quota of zero against minorities. The policies of such institutions precluded the hiring of minority group faculty members. The National Board of Graduate Education reported that in 1968, Blacks, for instance, represented a mere 2 percent of the faculties of major research universities. Alan E. Boyer indicated that in 1972-73, only 0.9 percent of University faculty were Black. Chicanos were present, but in considerably smaller numbers than were Blacks. According to Ladd and Lipset, minority group faculty are located largely in less prestigious institutions.[104] In every State in the United States, therefore, in 1977, there are colleges and universities and/or departments which have yet to hire a single minority group faculty. That is a zero quota.

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[104] The National Board of Graduate Education, op. cit., p. 113. See also Alan E. Boyer, Teaching Faculty In Academic Year 1972-73; Research Reports, Vol. 8, No. 2. Washington, D.C.: American Council on Education (August 1973), p. 31 and; Everett C. Ladd, Jr. and Seymour M. Lipset, "Professors' Religious, and Ethnic Backgrounds", Chronicle of Higher Education 2 (September 22, 1975)

Given the continued underrepresentation of minorities in faculty positions in the traditionally white institutions, the stress should be on what Kenneth Tollett has aptly labeled, "the reversal of discrimination". Essentially, affirmative action seeks to reverse the historic patterns of discrimination which characteristically meant refusal to hire minorities as faculty members.[105]

The third argument is that affirmative action has had some positive results by: 1) stimulating and raising the level of consciousness about the need to hire more socially diverse faculty and 2) actually increasing minority faculty representation in some institutions and departments. Proponents of this position maintain that the overall effect has been, however, minimal or, at best, less than outstanding.

Related to this stance is the view that, although the impact of affirmative action on faculty hiring has been considerably less than desired, few, if any, changes in the direction of growth would have occured without: 1) the insistence of HEW/OCR that

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[105] Kenneth S. Tollett, "The Reversal of Discrimination: The DeFunis Problem in Higher Education With Implications for Bar Examinations", a paper presented at a seminar or legal education and bar examinations at the 51st Annual Convention of the National Bar Association in Houston, Texas (August 2, 1976).

universities must develop approved affirmative action plans and take concrete steps toward their effective implementation, 2) the formulation of affirmative action committies to monitor the work of affirmative action offices, and 3) a modicum of support for such programs from the leadership structure of the academic community. This position has considerable merit because several institutions have hired minorities since the first articulation of affirmative action mandates. Others are continuously seeking them and are not merely performing an exercise of calculated inertia.

Two examples of what has transpired in two universities since 1970 may be instructive regarding this point. For the sake of confidentiality, the institutions will be specified only as A and B. However, the description is factual.

In institution A, a state supported university located in the Northeast, there were only six full- and part-time minorities among the faculty in 1970. An affirmative action committee was formed and given the charge of moving the university forward on the recruitment of minorities and women and to monitor the promotions and retention process. The Committee was designated as an Advisory Committee to the Chancellor of the University.

The Committee initiated action which resulted in the establishment of an Affirmative Action Office. The administrative hierarchy of the university committed itself publicly in several open meetings to the implementation of effective affirmative action through which superior minority candidates would be identified, sought and hired.

Table 22 demonstrates the impact of these decisions on minority hiring at University A.

Table 22: Minority Faculty Hiring at University "A", 1970-76

YEAR	NUMBER OF FULL- & PART-TIME MINORITY FACULTY	
1970-71	6	1% of Total Faculty
1971-72	23	6% of Total Faculty
1974-75	49	9% of Total Faculty
1975-76	51	10% of Total Faculty

The above data demonstrates the kinds of improvements possible in minority faculty hiring once a university commits itself to affirmative action principles. The "new hires" came from first-rate universities, some hired with the Ph.D and others were "ABDs". Some were also lured from similar positions at other institutions.

The claim cannot be made that the overall quality of their respective departments has been reduced by their presence. Indeed, some of the minority faculty are among the most productive of scholarly works and enjoy high prestige in their disciplines.

Although patterns revealed in data from University "B" are less dramatic, they do show positive results since the implementation of affirmative action efforts.

University "B" is a large, highly prestigious northeastern university located in an urban area. It draws its faculty primarily from "prestigious" universities. It began to hire minority faculty in identifiable numbers in the late 1960s and early 1970s. Table 23 illustrates changes in the numbers and percentages of full- and part-time minorities hired in its various colleges between January 1973 and February 1977.

Table 23. Total Minority Faculty At University "B" - Jan. 1973-Feb. 1977

	Minority Faculty by Number, Percent and Year				
College	Jan. 1973	Dec. 1974	Oct. 1975	Apr. 1976	Feb. 1977
Arts & Sciences	47 (6.5%)	60 (8.0%)	59 (7.9%)	52 (7.6%)	49 (7.2%)
Business School	4 (3.0%)	9 (5.0%)	9 (5.1%)	7 (4.2%)	9 (5.3%)
Grad. School-Design	4 (5.7%)	2 (2.3%)	1 (1.2%)	1 (1.4%)	2 (2.9%)
Grad. School-Education	6 (8.6%)	5 (7.5%)	5 (8.2%)	7 (13.0%)	7 (12.3%)
Law School	3 (4.2%)	4 (5.0%)	5 (6.1%)	5 (6.5%)	7 (8.3%)
Medical School	41 (5.6%)	38 (5.1%)	39 (5.4%)	38 (5.1%)	36 (5.1%)
Dental School	4 (4.1%)	3 (3.2%)	6 (4.7%)	4 (3.4%)	6 (3.3%)
Sch. Public Health	8 (6.6%)	6 (5.0%)	7 (5.0%)	4 (3.7%)	7 (4.8%)

Again, the important issue is that some universities do make a consistent effort to recruit minority faculty and are successful in so doing. Moreover, these data clearly show a trend toward increasing minority faculty representation even though they decidely remain underrepresented and in few numbers.

The problem of underutilization of minority group faculty in graduate and professional schools is a national one. Presently, minorities comprise only 1.2 percent of Ph.Ds, and 1.4 percent of M.Ds, among the faculty of all medical schools except Howard, Meharry and in Puerto Rico. They also represent only 1.2 percent (or about 240 of 5.000) of law school professors of all faculty at approved law schools in the United States. These data reflect the historical pattern of exclusion which prevents equality of opportunity for minority faculty to be hired. The numerical representation is dismal; some hiring of minorities has occurred; but affirmative action programs are required to influence institutions to hire and retain more minority group faculty.

Without affirmative action, it is highly probable that the Federal Government, State, and local governments and universities will abdicate their collective responsibilities of facilitating equality of opportunity for minority faculty in graduate and professional schools. Nevertheless, the point needs to be reiterated that the

enforcement of existing laws and the effective implementation of clearly delineated affirmative action policies, plans, and programs are a necessary component of any effort to increase minority groups among university faculty.

This analysis indicates the lack of consistent guidelines and uniform policies regarding preferential admissions and hiring in the various agencies of the Federal Government. Yet it is evident that the use of race as the basis for preferential treatment for minorities as a means of eliminating the effects of past discrimination has occasionally been sanctioned by the U.S. Government.

THE NEED FOR PREFERENTIAL ADMISSION AND AFFIRMATIVE ACTION

Two focal points have guided this discussion: 1) the effects of past discrimination against minority groups and their continued under-representation in the professions necessitate racially preferential programs as the most efficacious technique for increasing access of minority group students to graduate and professional schools, and 2) the effective enforcement of uniform affirmative action regulations is required as a tool for assuring equality of opportunity in employment.

The evidence presented here delineates those historic patterns of discrimination and segregation which have led to present-day economic deprivation, low-status occupational roles which result in reduced financial renumeration. For example, attention was called to the inability of most minority groups, as a whole, to attain median family incomes that even approximate parity with that of the white population. The median family income of most minority groups hovers about 60 percent or less of the median family income of white Americans. Poverty is more prevalent among minority groups. Among Black Americans, for instance, fully one-third of them are mired in poverty while others are so perilously close to poverty that if one working spouse were to

lose a job the income loss to such families would immediately condemn them to a poverty level. In any event, the effects of low-income levels are widespread. They are reflected in their inability to attain minimal requirements for a satisfactory life as an individual or as a family. These effects have a negative impact on educational attainment and contribute to the alienation, despair and sense of hopelessness shared by so many young people among minority groups.

The failure of elementary and secondary schools to do a good job in providing even the most fundamental skills to American youth remains a matter of grave concern. They have, by and large, failed American minorities. One consequence of that failure is the lowered performance of so many minority group students on most objective tests. This situation has contributed, in turn, to the under-representation of minority groups in the graduate and professional schools and in the various professional occupations.

However, under-representation, as discussed here, resulted from the total effects of past discrimination and exclusionary policies in employment, education and in social institutions, in general. Because of systematic discrimination and the conditions engendered by it, minorities comprise only 6.9 percent of the total number of physicians in the United States; 4 percent of the dentists; 1.7 percent of the

optometrists; 4.3 percent of the podiatrists, less than 1 percent of the veterinarians; 9.6 percent of the registered nurses, and 5.6 percent of the health administrators. This type of under-representation extends to literally all health fields as indicated in earlier discussions. Among some minority groups, the problem is even more severe. For example, American Indians comprise less than one percent of all physicians; yet, their health status is far more grim than is that situation for any other group of people in the United States. This results in a physician-population ration so low as to prevent hundreds of thousands of American Indians from receiving even the nominal requirements for adequate health care. Nationally, there is one physician for every 649 persons but even among Black Americans, among whom the largest number of minority physicians is found, the overall physician to population ratio is only about one for every 4,000 Black Americans.

The data presented here also demonstrated shortages of unequivocable proportions which affected health services in the under-served areas (e.g., urban ghettos and rural areas). These are areas in which the need for primary care by physicians, dentists, and health professionals, in general, is so pronounced. Even though almost half of the graduates of Meharry Medical College and the School of Medicine of Howard University, engaged in primary care services, major shortages of primary health care services remain and must be alleviated.

There is also a substantial amount of empirical evidence to show that minority group physicians tend to serve primarily non-whites (about 90 percent). By contrast only about 9.3 percent of the patients of white physicians are non-white. Unfavorable physician - patient ratios and paucity of health care profession among minorities resulting in the delivery of fewer health care services to them, and persistent under-representation of minority group students in the health fields mean that admissions policies must be changed to provide greater assurances of increased access for minority group students.

These problems are equally acute, and sometimes more severe, in terms of the proportions of minorities in such fields as law, engineering and in teaching positions in colleges and universities. Minorities represent only about 3 percent of the total number of engineers in the United States; about 3 percent of all lawyers; about 2 percent of the faculty in the major research institutions, and about one percent of university faculty in general. The shortages of minorities in these fields are real and must be confronted in a most direct manner if they are to be alleviated and of the conditions which such shortages have generated are to be ameliorated in the immediate future.

It is apparent that the unprecedented entry of minority groups into graduate and professional schools began about 1968. These changes, not

without coincidence, paralleled the introduction of various forms of preferential admissions and enrichment programs in several graduate schools and about 200 medical, dental, and law schools combined. Applications, applicants, and enrollees in general reached greater absolute numbers than at any time in American history. The number of non-minority enrollees increased even more dramatically than did minority enrollees in several instances. It is evident, then, that just as universities made a conscious and deliberate decision to enroll more minorities, they also made a conscious and deliberate decision to enroll considerably more non-minorities.

In other words, universities exercised their traditional and zealously-guarded autonomy in effectuating discretionary admissions decisions. Undoubtedly, several universities concluded that such objective or cognitive measures as GREs, MCATs, and LSATs function in ways that exclude disproportionate numbers of minority students. Whether they responded to criticisms pertaining to the unfairness of and biases in these tests (e.g., bias in content, disregard for cultural differences, and biases in test adminstration) is not the major point here. What is of special salience is the objective evidence showing that the rigid utilization of scores on these tests effectively eliminated a disproportionate number of minority group students. Some have argued that white students who are financially

able to take "Cram" or "Prep" courses for LSATs, and MCATs have a decided advantage over minority students who cannot afford the $75-500 fee for such courses. It is assumed that the completion of "Cram" courses contributes also to the success of white students in passing professional school examinations. Whether it does or not has never been subjected to empirical investigation. However, there is reason to believe that such courses have a highly positive psychological impact since students become familiar with tests items and the kinds of information included in them. This, in turn, may contribute to higher levels of performance on examinations.

Given the present effects of historic discrimination and segregation, the tendency of minority group students to be eliminated through the exclusive use of cognitive measures as the basis of admissions regarding minority group students, and the inappropriateness of some highly subjective determinants when used in isolation, socially preferential admissions programs are the most appropriate tool available for increasing access of minority group students to graduate and professional schools at the present time. They are also needed to curb the presently registered decline in enrollments among some minority groups (e.g., Blacks in medical schools) in graduate and professional schools.

A preferential admission policy based upon a racial classification need not be perceived as a commitment to use this basis forever. Neither should it be viewed as an effort to undermine academic standards. It can be temporary; utilized only until the specific underrepresented minority has achieved parity. Then, as in the case at Boalt Law School of the University of California - Berkeley, preferential admission will cease and desist for that particular minority group. Establishing a pool of qualified minority group students, who can be separately evaluated in terms of their overall potential for success as students and for meeting societal needs, will provide universities the flexibility needed in making discretionary admissions decisions. Thus, appropriate weight can be assigned to all measures including racial classification, test scores, subjective attributes, and societal needs in determining admission.

Similarly, such policies are needed in order to increase the available pool of doctorates among minorities seeking employment in fields requiring that degree. Given the under-representation of minorities, as a whole, in all academic disciplines, their access to graduate schools is imperative. This is so not only in terms of providing faculty for the traditionally all-white institutions, but to help strengthen the traditionally all-Black graduate schools. Moreover,

diversity among graduate students and faculty is just as important for them as it is for the professional schools. Minority students need to have role models and white students must have exposure to minorities in non-sterotypical roles.

The effective implementation of affirmative action programs, policies and guidelines, coupled with strong enforcement of existing regulations such as Title VI of the Civil Rights Act of 1964, will be a major step forward toward the achievement of these goals. Therefore, as a result of potential success in the realization of the objectives of preferential admissions and affirmative action, we will observe greater access; more minority group representatives in the health fields; more judges, public servants, prosecutors, scientists, engineers, architects, college and university professors and a more equal access to employment and a better life.

WHAT IF BAKKE WINS?: THE CHILLING EFFECT

In the absence of additional data other than that which has been presented so far in this analysis, what could happen should Allan Bakke win his case before the United States Supreme Court may appear to be a matter of conjecture and speculation. However, certain projections can be made based upon past and present conditions. Given the gains that have been made, limited as they may be, since the advent of affirmative action programs and special admission in preferential activities regarding minority students, it can be postulated that:

1. In the view of previous events articulated by Larry M. Lavinsky, in a cogent analysis presented in the Columbia Law Review, a negative opinion of the sort possible in favor of Bakke will give Government support to the minority view of a hostile establishment.[106]

2. It is also possible that years of Government-approved discrimination set aside by events of the 1960's and early 1970's may once again appear to be the norm.

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106 Larry Lavinsky, "DeFunis v. Odegaard; Non-Decision with a Message", Columbia Law Review 75:3 (April 1975), pp. 520-534.

3. There is a great probability that the burden and responsibility for providing educational facilities for the minority students who seek professional and graduate training will rest more heavily upon the two predominantly Black medical colleges and universities and the 32 predominantly Black colleges with graduate school programs. However, there will be no guarantee that these two historically and predominantly Black institutions will remain a primary center for the training of Black professionals in the health fields if Bakke should win. There is also a major problem associated with the possibility that Meharry and Howard's burden will increase. It centers around the availability of financial support sufficient to provide the human resources and the physical facilities and learning support services necessary to meet the needs and aspirations of Black students who seek admission into graduate and professional schools. Other minority students, without the presence of colleges and universities which cater primarily to them, may be omitted almost completely from graduate and professional training. Consequently, there will be a diminution of places available for their training.

4. If Bakke should win, it is possible that the view will be perpetrated that education, whether graduate or professional, in the United States, will be solely the prerogative and right of the

academically high achievers and of those persons who are successful in making high scores on tests of questionable validity.

5. It is possible, therefore, that minority students will lower their expectations and aspirations and will become even more greatly disillusioned with the American social system.

6. Such a decision would also have an adverse affect on voluntary affirmative action programs. In the absence of Federal guidelines, there may be little pressure and few incentives for action on the part of the Federal Government to utilize affirmative action efforts for admissions and equality of opportunities for employment and higher education. Hence, there will be an erosion of and an eventual destruction of all special mandates for protection of minorities in the fact of competing, if not highly questionable demands on the 14th Amendment to the Constitution. In effect, therefore, a negative quota of zero may be established for minorities in both employment and in access to graduate and professional schools.

7. A major concern is that there will be fewer people to provide services for persons residing in under-served areas at a time when population is increasing in such places.

8. Most assuredly, there will be retrogression which, inevitably, will generate turmoil and inter-group hostility of a scope one dares not predict.

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A description is given for enrollment patterns of minorities in medical schools during the past decade. Basic facts and figures about the current state of medical education for minorities are presented. Foundation programs for facilitating minority medical education are described and attention is called to recurring barriers to increasing the number of minority medical students.

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Arce, Carlos H., "Chicanos in Higher Education", Integrated Education 8 (May-June 1976), pp. 14-18.

Outlines the historical experiences of Chicanos and to a lesser degree of other Hispanic Americans, in their efforts to obtain higher education in the United States. The analysis is placed in the framework of the internal colonialism model. Socio-economic data presented with emphasis on the underrepresentation of Chicanos in Higher Education as related to discrimination patterns which produce a low rate of schooling.

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Association of American Medical Colleges, Minority Student Opportunities in U.S. Medical Schools, 1975-76. Washington, D.C.: AAMC, 1977.

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Athanasiou, Robert, "Selection and Socialization: A Study of Engineering and Student Attrition", Journal of Educational Psychology 62:2 (1971), pp. 157-166.

An 18-month cross-validated panel study of virtually an entire class of engineering students. Indexes of professional and educational interest are tested as predictors of attrition. Attrition from engineering was defined by transfer to another field of study within the University. Changes on each index follow the predicted pattern. The small differences and interest between those who stayed in engineering and those who transferred and other variables suggest that early identification or selection of programs might not be effective as changes in the socialization environment in reducing engineering student attrition. (Author)

Birch, Janet S. and Wolfe, Samuel, "An Enrichment Program for Minority Students", Journal of Medical Education 50:11 (November 1975), pp. 1059-1060.

An examination of an enrichment program in bio-medical sciences at Meharry Medical College is made. Comparisons are also given between the success rate of entry into medical schools made by these participants with participants in a similar program at Harvard University. 77 or 86 percent of former participants in the program completed a questionnaire. Findings showed that 62 of the 77 respondents had applied to medical, dental and/or graduate school. An average of about 2 applications per person were made. A 77 percent acceptance rate among participants in the Meharry program compares favorably to an 84 percent acceptance rate of 37 applicants to medical/dental schools who had participated in the Harvard program.

"Black Private Colleges Enjoy Surge in Student Enrollment". The Washington Post, February 5, 1977.

Article emphasizes need of support for United Negro College Fund and for more generous donations and endowments and support for individual institutions.

"Blacks in Higher Education", Intellect 104 (April 1976), p. 486.

This is a review of Equal Education for Blacks in U.S. Higher Education. An assessment, published by the Institute for the Study of Educational Policy. This review points to various barriers to equal education as categorical, stemming primarily from racial discrimination, educational policies, and psycho-social conditions of Blacks and economic status.

Boylen, Hunter R., "Facilitating Minority Admission: Some legal considerations", College and University 48 (Spring 1973), pp. 171-176.

Identifies a variety of factors employed in the admissions of minority group students to higher education programs. It also raises the question of whether or not it is permissable to identify potential students by race in making admissions decisions. Modified admissions standards are urged in order to rectify past discriminatory patterns. Argues that the minority group student does not displace white males because white males are still disproportionately represented in every graduate and professional school and in all class levels.

Cain, Rudolph A., "What's Happening to Black Ph.D Applicants?", Educational Forum 37 (November-May 1972-1973), pp. 225-228.

The study highlights the difficulties that many Black Ph.D applicants encounter towards admission to graduate schools. Such situations as demands for "super Blacks" by some graduate schools, disabilities of undergraduate education, low scores on GRE's and the Analogy test, and lack of research orientation by many Black Ph.D applicants are explained. Six recommendations are offered to resolve some of the problems encountered by such students.

Cobbs, Price, "The Black Revolution and Education", National Association of Secondary School Principals Bulletin 53 (May 1969), pp. 3-18.

This article is essentially an essay focusing on those factors which contributed to Black militance on college campuses during the late 1960's. A number of broad-ranging ideas are presented, including the traditional commitment of Blacks to education as a means of upward-mobility, the ideological conflict between W.E. Dubois and Booker T. Washington and racism in both school systems and Latin American society.

Coles, Melvin, "Black Students in the Health Sciences", Integrated Education, (8 January, 1970), pp. 50-58.

An essay examining a broad number of issues related to the participation of Black students in health sciences. Items included are 1) retention; 2) recruitings; 3) attitudes of faculty and students; and 4) preferential admissions. Identifies types of programs designed to increase the number of Black students for bio-medical and health sciences careers. It also states that the medical schools at Harvard, Stanford, and Boston Universities have set aside about 10 percent of their seats in the entering class for Black students. Mention is made of the joint project between the dental school of the University of Illinois and the Council for bio-medical careers in Chicago as a program preparing Black students for entering into the dentistry school. Recruitment experiences at the University of Chicago-Pritzker School of Medicine are specified. Subject is legal education testing.

Commission on Human Resources, Summary Report: Doctorate Recipients from United States Universities, 1975. Washington, D.C.: National Academy of Sciences, 1976.

This report profiles the major characteristics of doctorate recipients by sex, age, field of study, race and ethnic identity for 1975. Reports are also available for 1972, 1973, and 1974.

Council on Legal Education Opportunity, Financial Aid Programs For Minority and Disadvantaged Students in Law Schools. Washington, D.C.: Brochure 1976-77.

Describes types of financial aid programs offered in U.S. Law Schools.

Crowfoot, James E., Bunyan, I. Byrant, Jr., and Chesler, Mark, "Whatever Happened to Affirmative Action?" Integrated Education 84 (November-December 1976). pp. 5-7.

Allegations are made that Affirmative Action in universities have failed, due to such factors as: 1) delaying responsibilities; 2) developing and operating recruitment efforts that are designed to fail; 3) recruiting minorities and women so that they will subsequently fail, and 4) de-legitimatized pressure on the university such as from the Federal government who will continue to employ Blacks and other minorities in token universities.

Diamond, E. Grey, "Educating the Future Physician". Vocational Guidance Quarterly (September 1974), pp. 8-9.

Raises a question, "who should be allowed to study medicine", responds by outlining a series of cognitive and non-cognitive qualities that should be considered in making admissions decisions to medical schools. Heavy weight is given to personality factors in the selection process.

Dickason, Donald G., "Predicting the Success of Freshman Engineers, College Admission Interviews", Personnel and Guidance Journal 47 (June 1969), pp. 1008-14.

An awareness and commitment rating was assessed for freshmen and engineering classes to determine whether this type of non-intellectal measure could help improve the predictability of academic success. The total sample was broken into sub-samples based on the interview condition of the student: staff interviews; alumni interviews; or no interview period. The existence of a factor defined as an awareness/commitment was supported. For the total sample, a significant correlation was found, but at a very low level. For the sub-sample interviewed by staff, a correlation of point 31 was determined. This relationship suggests the possibility of real usefulness for the admissions interview in identifying the fact of awareness in commitment, and thereby improving the prediction of academic success in a professional curriculum such as engineering.

Dill, David D., "Tenure Quotas: Their Impact and Alternatives", Liberal Education 60 (December 1974), pp. 237-244.

This article examines the impact of declining enrollment, financial support, a choked faculty market and pressure for affirmative action on the tenure system in American universities and colleges. He utilizes a faculty-flow model in analyzing the impact of tenure quotas and demonstrates the implications of quotas for faculty staffing patterns and academic personnel policies.

The Directory of Afro-American Resources. Ann Arbor, Michigan: R.R. Bowker Co., 1976.

Description and cross-indexes of Blacks, data sources, and study centers.

Dischinger, G., "Admissions", College Management 55 (May 1970) pp. 33-35.

This article discusses the difficulty of getting into college as related to three different levels of admission: 1) competitive level; 2) selection level; and 3) open-door admission. Also discusses special admission programs in colleges and universities.

Dube, W.F. and Johnson, Davis G., "Study of U.S. Medical School Applicants, 1972-73", Journal of Medical Education 49 (September 1974), pp. 849-869.

Provides a detailed analysis of the selected characteristics of applicants to U.S. Medical Schools, including enrollment patterns.

Dube, W.F. and Johnson, Davis G., "Study of U.S. Medical School Applicants, 1974-75", Journal of Medical Education 51 (November 1976), pp. 877-895.

The applicant activity for 1974-75 first class in U.S. medical schools presents an excellent combination of statistics. There were more applicants then ever before, the annual growth rate showed a decline, a trend that begin 1973-74; the national acceptance average remained unchanged: and the average application frequency per individual accelerated. Most of the tables cover 5 years of historical data (1970-71 thru 1974-75). As in a past study, the conclusion enumerates major programs instituted by the Association of American Medical Colleges to assist medical schools with admission problems.

El-Khawas, Elaine and Kinzer, Joan L., Enrollment of Minority Graduate Students at Ph.D. Granting Institutions. Washington, D.C.: American Council on Education, 1974.

Provides statistical details of minority enrollment in 21 discipline areas in graduate education from a sample of 220 doctorate degree granting institutions. 154 responded; results showed, inter alia, that four minority groups comprised 7.2 percent of graduate enrollment in the 154 participating institutions.

Evans, Doris A., et. al, "Traditional Criteria as Predictors of Minority Success in Medical Schools", Journal of Medical Education 50:10 (October 1975), pp. 934-939.

It focuses on the ability of traditional criteria to predict minority student success in medical schools based upon a study of 43 minority students admitted to the MD program between 1970-73, at Case Western Reserve University. Four regression analyses were performed including admissions data (the Astin score, grade point average, MCAT scores, as well as prior school performance. The findings indicated that the single most important criterian for prediction of success among minority medical students at Case Western Reserve University is the competitiveness of the undergraduate colleges attended as measured by the Astin index. In general, the greater the competitiveness of the school attended the more successful the students are in medical school and conversely, students who have attended the less competitive undergraduate colleges tend to be higher risks for success in medical schools.

Evans, Doris and Jackson, Edgar B. Jr., "Deans of Minority Student Affairs in Medical Schools", Journal of Medical Education 51:3 (March 1976), pp. 197-199.

Focuses on the need for someone to serve as a Dean of Minority Student Affairs at all medical schools in the United States. Outlines several functions to be served by such administrators. Reiterates findings from several studies which showed that tests like the MCAT have no predictive value for creativity and calls for the use of non-traditional criteria in the selection of minority students for medical schools.

Evans, Franklin R., and Rolley, Richard R., "A Study of Speededness as a Source of Test Bias", Journal of Education Measurement 9:2 (Summer 1972), pp. 123-131.

Specially constructed "Speeded and unspeeded forms of the reading comprehension test were administered to both regular center and fee-free ALST candidates in an effort to determine: (1) if the test was more speeded for fee-free candidates and (2) if reducing the amount of speededness was more beneficial to fee-free candidates. Results of analysis show (1) the test is somewhat more speeded for fee-free candidates than for regular candidates; (2) reducing the amount of speededness produces higher scores for both regular and fee-free center candidates and, (3) reducing speededness is not significantly more beneficial (in terms of increasing the number of items to fee-free) than to regular center candidates. (Author)

Faia, Michael A., "College Grades as Graduate Admission Criterion", Improving College and University Teaching 17 (Summer 1969), pp. 187-190.

The study raises the question as to whether or not too much trust is being placed in grades as a predictor and as a criterion for admission to graduate school. Questions raised focused on the weights assigned to undergraduate GPA for admission to graduate school, the accuracy of graduate students selection criteria and attitudes toward pass/fail grades. Responses were sought from one hundred and two faculty members officially designated as graduate admission officers in various universities and colleges. Findings showed that (1) overall GPA was by far the most frequently used criterion; however, overall GPA is rarely used in isolation; (2) that a relative weighting of discrete items of information is frequently suggestive, highly variable, and often unpredictable; (3) it is extremely difficult to make any precise statement as to the relative impact of accumulated GPA on graduate admissions decisions; (4) a high degree of uncertainty prevailed as to the degree to which the selection criterion were reasonably and systematically related to academic performance; (5) current graduate admissions procedures are not uniform from institution to institution; and are often quite subjective and arbitrary; their accuracy can be called into serious question.

Examines characteristics of disadvantaged students and their focal concerns as participants in higher education, indicates some types of responses universities can make in confronting the demands of these students.

Fredericks, Marcel A., Mundey, Paul, et. al., "The National Board Examination and Academic Achievement in a Medical School", The Journal of Educational Research 53:6 (1969-70), pp. 274-277.

An examination was made of average grades in college MCAT scores and academic achievement in relation to national board scores in a 4-year program at a medical school. Findings show that the most effective predictive variable for performance on the national board of examination is the second year of medical school. The most effective contribution of the 2 year academic record is physiology In part two, medicine and surgery provide the most effective contribucion while psychiatry is the least effective contributor.

Study also showed that student MCAT scores were not related to academic achievement in medical school (emphasis added).

Friesen, D.D., "The Testing-Grading Relationship", Improving College and University Instruction 22 (April 1974), pp. 228-229.

Looks at the problems of grading in both graduate and undergraduate schools and identifies changes in grading patterns at both levels. Also includes a test of student estimation of their own performance level as indicated by the participation of 60 Masters degree level students, who took the Tennessee extra-version. Showed that some extra reinforcement is necessary for most students to perform at high level; that grades can be used as the reinforcement, but that grades are not the only motivators available.

Furniss, W. Todd, "Retrenchment, Layoff, and Termination", Educational Records (Summer of 1974), pp. 167-170.

An examination is made of the impact of the present economic condition on faculty hiring and retention. Problems of declining enrollment, inflation, recession, changing institutional mission and litigation relative to retrenchment and layoff procedures, are reveiwed. The AAUP policy on Affirmative Action is discussed.

Gough, Harrison G. and Kirk, Barbara D., "Achievement in Dental School as Related to Personality and Aptitude Variables", Measurement and Evaluation in Guidance 2 (Spring-Winter 1969-70), pp. 225-233.

A review of literature relative to the importance of personality and aptitude variables for achievement in dental schools is presented. A combination of CPI scales, is employed to test assumptions about the relationship between personality factors, and aptitude variable equation on the CPI tended to delineate a pattern of personality factors relevant to dental school performance. However, conclusions regarding the impact of personality inventory on dental school performance are regarded as tentative.

Green, Robert L., et. al., "The Admission of Minority Students: A Frame Reaction", Integrated Education 9 (March-April 1971), pp. 9-15.

This Presidential Commission Report includes a discussion of the distinction between disadvantaged and minority groups, and a historical overview of the discrimination against minority groups; efforts to respond to the increased demand of minorities for entry into higher education; achievements of minority students; and suggestions for action (including aggressive recruitment, special admission, financial aid, and continued evaluation of minority group students experiences).

Hackman, Richard J., Wiggins, Nancy and Bass, Alan R., "Prediction in Long-term Success in Work in Psychology", Educational and Psychological Measurement 30 (1970) pp. 365-374.

The purpose of this study was to examine the degree to which measures of aptitude and undergraduate preparation received before the beginning of doctoral study should predict the success of psychology graduate students. Participants had either received their doctorate or withdrawn from doctoral study. The criterion measures were taken at the end of the first graduate study year and 6 years after the beginning of graduate work. The 42 participants were given three aptitude and ability measures (1) the graduate record examination - Verbal; (2) qualitative aptitude (GRE-Q); (3) the advance test/psychology/ GRE-A. In addition, variables used included indicators of foreign language facility, undergraduate academic performance, undergraduate institution, and first year plus long-term criterion.

The findings tended to support previous study which showed the GRE-V was not significantly predictive of the first year grades except for a core content course. GRE-Q was significantly related primarily to core qualitative course grades and, further that GRE-A test scores were related significantly to grades in both semesters of the core content course as well as to the accumulated GPA for the first year. The authors state that first year grades themselves may not be good indicators of the progress and potential of psychology graduate students; undergraduate grades in GRE-A test in psychology tends to correlate positively with grades accumulated during the first year but were negatively correlated to the long-term criterion of having received the doctorate. They also suggest that a certain amount of labeling occurs during a graduate student's first year (e.g., potentially good, potentially weak, potentially bad, etc.) and that label tends to follow the student throughout his or her graduate school career.

Hansen, Gary R. and Taylor, Ronald G., "Interaction of Ability and Personality: Another Look at the Dropout Problem in an Institute of Technology", Journal of Counseling Psychology 17:6 (1970), pp. 540-545.

The purpose of this study was to examine the interaction of ability and personality in discriminating between four groups of engineering students differing in academic persistence. Multi-discriminate analyses was used to determine the number and nature of the dimension related to academic success and persistence in an institute of technology. Two dimensions discriminated between the four groups. One dimension was described in terms of previous actual achievement which separated academically successful from unsuccessful students. The second dimension, described in terms of personality characteristics, discriminated between students who withdrew and students who persisted.

"Headstart in Legal Studies for Minority Groups" School and Society 98 (February 1970), pp. 135-136.

Questions are raised concerning the adequacy of conventional methods of testing the potential abilities of minority group students for acceptable work in Law Schools. Conclusions were reached after studying the 60 minority students who participated in a special program at the New York University Law Center in the Summer of 1969. All of these students have been accepted in leading accredited law schools after participating in the special programs at NYU, even though prior to that participation they stood little chance of being accepted because of low scores on the LSAT. A major conclusion reached was that the conventional methods of evaluating law school applicants are misleading when applied to students from disadvantaged backgrounds. Attention is called to the value of Headstart of Prep-programs for increasing opportunities for minority group law school applicants for admission to law schools.

Hein, Andres J., "Graduate Admissions Problems", College and University 49 (Summer 1974), pp. 600-609.

Current trends in future prospects in graduate applications and problems related to the admission of graduate students are discussed.

Henderson, A.D., "Social Change in Educating for the Professions", School and Society 98 (February 1975), pp. 92-97.

Suggestions are presented for the socialization and re-socialization of students and practitioners to meet the needs of a rapidly changing technology. Innovative programs, learning research opportunities, and changes in the technology of the professions of medicine, dentistry, basic health, sciences, and other professions are described. The roles of professionals in American society are explained.

"First Year in Law Schools", Intellect (April 1975), pp. 461-463.

A characterization of a student's first year experiences in a Law School of a major university is presented. A highlight of the characterization is a description of the "paper chase" syndrome and the student's fear of being terrorized by law school faculty.

Jemsema, Carl L., and Lumsborg, Clifford E., "A Preliminary Investigation of a Special Education Program for Minority Group University Students", Measurement and Evaluation in Guidance 5 (April-June 1972-73), pp. 326-331.

This study sought to examine the special education program (SEP) through which minority group students are often admitted to the University of Washington, and ways by which traditional requirements facilitate minority group admission and to test the ability of the Washington Precollege testing programs, (WPC) to predict college achievement of students participating in the SEP.

Two distinct groups of students were identified and categorized. Variables used compared the two groups of students. The study shows that the SEP program was instrumental in helping minority group students to overcome their poor high school background, but that not all SEP students benefitted from the program. The effect of the SEP program was highly variable from student to student. Further, a large number of SEP students drop out during first quarter of University work. The study also showed that as evidenced from achieving GPA, the potential of the SEP group "was grossly underestimated and that much of this under-estimation resulted from the use of high school grades in predicting college success".

Leonard, Walter J., "DeFunis v. Odegaard: An Invitation to Look Backward", The Black Law Journal 4:3 (1975), pp. 224-231.

Discusses present and anticipated implications of the DeFunis case and similar cases anticipated for minority admissions and affirmative action.

Leonard, Walter, J., "A Step Toward Equality: Affirmative Action and Equal Employment Opportunity", The Black Law Journal 4:2 (975), pp. 214-223.

Outlines and explains the major statutes and executive orders upon which affirmative action programs are based. Calls for their collective enforcement in order to achieve equality.

Lester, Richard A., "Fallacies of Numerical Goals", Educational Records 57 (Winter 1979), pp. 58-64.

An attack on the use of specific numerical goals for university faculty hiring, mandated by affirmative action programs is made. A highly critical analysis of the government procedures for faculty goal determination and goal enforcement is presented. Attention is given to the four basic elements in the government procedure; specifically (1) work force analysis, (2) availability and utilization analysis, (3) projection of numerical goal timetables and (4) "good faith effort". The author calls for a thorough re-examination of existing Federal policies in order to eliminate excessive red-tape conceptual flaws, and to produce what he calls a more sensible affirmative action program.

Lewis, John, "Undergraduate Ability-Achievement and the Earning of Graduate Degrees" Educational and Psychological Measurement 34 (1974), pp. 383-385.

An attempt was made to determine whether membership in selected ability-achievement groups of BA students was related to the attainment of graduate or professional degrees later in life. The subjects were 874 graduates of the University of Iowa selected from 3 different time periods. Findings indicated that high ability and high achievement groups were most likely to complete graduate and professional degrees; however, the study also indicated that a relative large percentage of low aptitude and high achievement groups also successfully completed graduate and professional studies.

Linn, Robert L., "Test Bias and the Prediction of Grades in Law School", Journal of Legal Education 27:3 (1975), pp. 293-323.

Addresses such questions as: (1) Do numerical indices have predictive value for members of minority groups? (2) Is the LSAT biased? and "What are the consequences of using a single prediction equation for all individuals regardless of group membership? Over-prediction for Black and Chicano students, he concludes, was found in every school studied.

Marcus, Laurence R., "Has Advertising Produced Results in Faculty Hiring", Education Records 57:4 (Februarv 1977), pp. 247-250.

An examination is made of the relative value of the network approach v. advertising as means of recruiting minorities and women for faculty positions. It also examines the degree to which advertising has effected change in recruitment practices. The conclusion is that, although advertising has not been successful as proposed and desired, it has not been a failure. However, the network approach remains as a primary method of recruiting faculty members.

Martin, Charles A., "Editorial Comment: Defunis v. Odegaard and The Holmes Memorandum-The Practice of Contemporary Racism", The Journal of Negro Education 44 (Spring 1975), pp. 109-112.

An argument against the position taken by DeFunis against the University of Washington Law School is presented. The charges of reverse discrimination, in the admission of minority students to law school "inpreference to white applicants" are refuted. The continuing need for an increasing number of Black law students is stressed.

Mehrabian, Albert, "Undergraduate Ability Factors in Relationship to Graduate Performance", Education and Psychological Measurement 29 (1969), pp. 409-429.

An investigation of the relationship among a series of variables employed in the selection of students for admission to graduate psychology programs was made. Standard or traditional criteria as well as a few "non-traditional" selection criteria were analyzed. Regression analysis used is for differentiated weighting of the

various criteria in assessing potential for graduate studies. Findings supported the notion that performance on GRE advance tests, on tests of mathematical ability, grades in mathematical courses at the undergraduate level, and verbal ability as indicated on GRE and MAT scores partially predict the performance of graduate students in psychology. The findings also indicated that the GPA earned during the last two years of undergraduate work is a stronger predictor of overall performance than the overall GPA. Significant correlations were established between letters of recommendation and research orientation, and graduate performance. Previous research experience ratings were less significant as a predictor of graduate school performance.

Menacker, Julius, "Rivalry Among Minorities in Higher Education"

An effort is made to demonstrate the thesis that a minority groups increase the pressure for greater participation in higher education, college and university officials deliberately and systematically develop strategies designed to create competion and animosity between the various minority groups. The underlying assumption of the strategy, it is charged, seeks to undermine the various minority group programs that were being established in institutions of higher education.

Michael, William B., et. al., "Correlates of A Pass Fail Decision for Admission to Candidacy in A Doctoral Program in Education", Educational and Psychological Measurement 31 (1971), pp. 965-967.

An exploration of interrelationships among a number of selective variables involved in pass-fail decisions for 844 USC students was made. Findings indicated that "admission to candidacy based on a pass-fail decision of a doctoral committee was substantially dependent on total scores on the comprehensive examination but was only slightly related to GRE scores and insignificantly correlated with the sex of the candidate."

Minorities In Engineering - A Blueprint For Action, report by the Ad Hoc Planning Commission for Expanding Minority Opportunities in Engineering. New York: The Alfred P. Sloan Foundation, 1974.

This report outlines numerical goals for minority representation in engineering and outlines those steps considered necessary for achieving them, procedures for measuring progress, and the estimated cost of the program.

1974 Minority Report: Student Enrollment and Faculty Distribution. Washington, D. C.: American Assembly of Collegiate Schools of Business, 1975.

Contains student enrollment data at undergraduate, Masters and Doctorate levels; degrees awarded by minority groupings and fields of study, faculty distribution.

Nord, Walter R., Frances Connelly, and George Dagnault, "Locus of Control and Aptitude Test Scores as Predictors of Academic Achievement", Journal of Educational Psychology 66:6 (1974), pp. 956-961.

The experimentors study the relationship among academic achievement in graduate school, perceived locus of control, and a relevant aptitude test. Graves 15 individual courses and an overall grade point average (GPA) were used as a criteria of academic success. Three I-D scales accounted for significant and often complementary portions of variances in GPA grades and individual courses. Each instrument predicted better in certain courses and the predicted power of each instrument tended to remain when influence of the other was controlled statistically. Analysis of achievement and the function of the I-D dimension revealed that personal control tended to be a better predictor of achievement than was ideological control. It was concluded that the locus of control might be a useful predictor of academic success, but that no simple pattern exists. Rather, course content and such factors as teacher behavior may interact with perceived locus of control. (Author)

O'Neill, Robert M., Discriminating Against Discrimination: Preferential Admissions and the DeFunis Case. Bloomington, Indiana: Indiana University Press, 1975.

An excellent discussion of the Constitutional, moral and social issues involved in preferential admissions, racial alternatives and policy implications of preferential admissions.

Pallone, Nathaniel J., Fred S. Rickard, Robert B. Hurley, "Key Influences of Occupational Preferences Among Black Youth", Journal of Psychology 17:6 (1970), pp. 498-501.

This study assessed the relative frequency with which each of nine specific "key figures" was self-reported by 161 Black and 218 white adolescents from "working class" families as having exercised a principle influence over them in their selection of occupations they desired to enter. In order of descending frequency, Black males

"Minorities in Medicine", Opportunity 2:7 (August 1972), pp. 4-16.

Outlines diverse experiences of Blacks, Puerto Ricans, Chicanos, and American Indian students in schools of medicine; covers such topics as Enrichment Programs, Enrollments, Special Admissions, Participation Data, and within School Experiences.

National Board of Graduate Studies, Minority Group Participation in Graduate Education. Washington, D. C.: National Board of Graduate Education, 1976.

Discusses patterns of minority participations, barriers to participation in the present context of graduate education. Impact on minority participation, activities and concerns of graduate schools, and current efforts to promote minority participation are also discussed. A highly useful report.

Lazaro, J. Russell (Educational Affairs Officer), Graduate Study in Psychology, 1977-78. Washington, D. C.: American Psychological Association, 1976.

Describes in detail 476 graduate programs in psychology in the U.S. and Canada. Lists fellowships and financial resources designated for minority groups.

Neal, Robert, and King, Paul, "Comparison of Multi-Variant Configural Analysis of Classifying Engineering Students", Journal of Counseling Psychology 16:6 (1969), pp. 563-568.

The purpose of this study was to determine the classification accuracy of an interest inventory when reported by multi-discriminant techniques and when reported by simple, configural techniques. 284 undergraduate engineering students made up the sample. All individuals were administered the college interest inventory. Results were interpreted by multi-discriminant analyses and by the configural methods. It was concluded that classification by discriminant analyses is no better than configural classification when the total population of engineers is considered. However, it was suggested that under restrictive conditions, the discriminant function could be considered more appropriate for classification and counseling purposes than a configural analyses. (Author)

cited as key figures persons holding the preferred occupation, parent, teacher, peer or sister or brother, relative not of the immediate family or counselor and neighbor: Black females cited in order mother, persons in the preferred occupations, peer, brother, or sister, relative not of the immediate family or teacher, father, counselor and neighbor. Rank order coefficients revealed the greatest similarity in key figure influence between Black and White males (R=.82), the least similarity between male and female Whites (R=.48), and greater similarity between male and female Blacks (R=.68), than between Black and White females (R=.59).

Pettigrew, L. Eudore, "Reverse Discrimination - Fact or Fancy", Integrated Education 84 (November-December 1976), pp. 3-4.

The author maintains that the growth of Equal Employment Opportunities was primarily stimulated by minorities and women who became aggressive in their efforts to improve their status. Executive policies to support their claims are analyzed. Attempts to weaken current laws by charging "reverse discrimination" are described in rebuttal. The author maintains that an affirmative action program is designed to eliminate past discrimination against groups previously affected by discrimination. It is also asserted that although previously discriminated groups have made employment opportunities gains, White Males have not given up any significant portion of their control of white-collar jobs. It is also claimed that the only group to enhance its employment status significantly over the past ten years have been that of White Males.

Powell, Joanne, "Higher Education for the Black Students", The Journal of College Student Personnel 1 (January 1970), pp. 8-15.

An examination of the history of education for Black Americans is made. Important areas covered include significant changes that have occurred in recent history, the effects of legislation and court decisions on higher education for Blacks and the present status of Black students in higher education.

Pruitt, Anne S., "Black Poor and White Colleges - Personal Growth Goals", Journal of College Student Personnel 1 (January 1970), pp. 3-15.

An examination of the influences which socio-economic background factors and ideological positions exert on personal growth and goal attainment.

Racial and Ethnic Enrollment Data from Institutions of Higher Education, Fall, 1974. Washington, D.C.: Office for Civil Rights, DHEW, 1976.

Presents a summation of data collected by the "Compliance Report of Institutions of Higher Education Under Title VI of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972 Student Enrollment Survey". Provides enrollment data at all post-secondary school levels by institutions, regions and States; and financial survey data.

Reitzes, Deitrich C., "Black Students in Medical School", Journal of Medical Education 51 (December 1976), pp.1001-1005.

This paper presents a comparative assessment of two groups of Black medical students and the problems they confront in medical school. Data were obtained from a sample of Blacks who attended medical school during the year 1971-74 and from Black physicians who graduated from medical school in 1970 or before. A comparison of the groups reveal statistically significant differences in the impact of others on the decision to enter medicine and the sources of financial support: also data suggest differences in perceived discrimination at a time in which the individual decided to become a physician. The information from the 1971-74 group illuminates the type and intensity of problems they encounter and the importance of various programs designed to aid Black medical students. Overall, the findings of this study indicate a need for new efforts to recruit and to retain Black students in medical school.

Richard, James M. Jr., et. al., "Predicting Performance in a Combined Undergraduate and Medical Education Program", Educational and Psychological Measurement 34 (1974), pp. 923-931.

This study attempted to identify predictors of multi-criteria related to undergraduate education, medical education, personal development in graduate education and satisfaction. The sample consisted of the first 181 students admitted to the college of medicine of the University of Missouri-Kansas. Fifty predictors were employed and included such variables as previous academic performance, tested ability, vocational interest and personality, interviewer evaluations, medical career plans and measures of personal development as well as participation in cultural activities. A three-step multiple correlation of regression analysis was employed. The author concluded that the best predictor was previous standing on a given variable. They also concluded that "because the purpose

of the selection is to choose good physicians -- not A+ students -- no more emphasis should be placed on academic potential than is required to show adequate classroom performance."

Rodriguez, Armandos, "Mexican American Education Today", Integrated Education 8, (September 1970), pp. 47-50.

The focus is on changes in the character and quality of education among young Mexican Americans in the United States. Attention is given to various tasks that must be accomplished in order to raise the level of education among Chicano youngsters. Such issues as administrative accountability, bilingual education, and the role of teacher colleges in the training of teachers to serve in Mexican American communities, are explored.

Rogers, O.A.,Jr., Profiles of Thirty-Two Historically Black Graduate Schools. Conference of Deans of Black Graduate Schools. Department of Health, Education and Welfare, U.S. Office of Education, Washington, D.C.(November, 1976).

N.B. This is a very thorough study. Table of Contents: Part I: I. Introduction. II. Beginnings of Black Graduate Schools. III. Program Descriptions. IV. The Size of the Schools. V. The Location of the Black Graduate Schools. VI. Accredidations and Affiliations. VII. Financial Resources. VIII. Faculty. IX. General Information About Admissions, Administration and Graduate Requirements. X. Alumni. XI. Conclusions and Recommendations. Part II XII. Individual Profiles of Black Graduate Schools. (Barbara Harvey)

Ross, Louis, "Forecasting the Academic Achievement of Engineering Freshmen", The Journal of Educational Research 64:6 (March 1971), pp. 308-310.

The study was designed to assess the predictive value of a variety of prognostic measures which presumably forecast scholastic achievement during the first semester in an engineering college. Ninety-four freshmen engineering students were selected and 7 predictive measures were utilized to derive a regression equation for prediction of student success. The Wherry-Doodle method was used to determine the most effective battery of predictive measures. The effective predictive measures appear to be average high school marks and average ACE-L-scores. Hence, the higher one scores the greater probability of success during the first year of engineering training.

Schnitzen, Joseph P. and John A. Cox, "Concurrent Validity of a Literature Test in Relation to Selections of Persons for Graduate Study in English," Educational Psychological Measurement 31 (1971), pp. 488-489.

An investigation was made of the ability of a test of the undergraduate program (UP) in literature to predict academic achievement in English as measured by GPA. Three different groups of students were tested for comparative purposes. Findings show that the UP differentiated among groups of persons who have completed different amounts of course work in the field of English. However, the relationship between literature, UP test scores and graduate academic achievement in English was not statistically significant.

Schuerger, James N., and Louise Federick, "Prediction of Success in an Applied M.A. Psychology Program," Educational and Psychological Measurements 34 (1974), pp. 945-952.

An investigation of the extent to which various traditional measures and less or non-traditional measures could predict success in a sub-doctoral program in applied psychology. Traditional measures included test scores, undergraduate GPA and letters of recommendation. Non-traditional measures included interview ratings and biographical information. The two success criteria were academic competency as defined by GPA and graduate school, and faculty ratings of selected inter-personal skills. Findings demonstrated that traditional measures were significantly but modestly related to academic competency, but ratings of recommendations did not either predict graduate GPA or ratings of inter-personal skills. However, the use of the interview and/or biographical information was important in selecting for inter-personal skills.

Sherman, Malcolm J., "Affirmative Action AAUP," AAUP Bulletin (Winter 1975), pp. 293-303.

Issue is devoted to the report on Affirmative Action from the AAUP Council on Discrimination which was published in the AAUP Bulletin in June 1973, and which calls for a positive response to Affirmative Action efforts by universities. Charges are made that Affirmative Action programs discriminate against White males and that goals are no more than quotas in disguise. Affirmative Action Programs in general and numerical goals in specific are viewed as unsound approaches to the issues of equal employment opportunity.

Spurlock, Langely A., "Still Struggling: Minorities in White Colleges in Mid-seventies", Educational Record 50 (January 1977), pp. 186-193.

Discusses the challenge of full participation by minorities in American higher education; poses several policy questions that focused on contemporary problems facing minorities in their efforts to realize equal educational opportunities. Policy questions are discussed under the topics of (1) undergraduate admission (2) financial aid (3) graduate and professional schools (4) meeting guidance needs (5) financial barriers (6) the need to establish priorities.

Social Science Research Council Annual Report, 1975-76. New York: SSRC, 1976.

The section on the Committee on Framing and Development of Research Personnel refers to grants awarded to minority scholars for research on racism and other social factors in mental health.

Stanes, Roy A., et. al., "Admission in Athletics" College and University, 46 (Summer 1973), 295-297.

Discussion of role of Special Admission in relation to recruitment of athletes. It is reported that at the University of California in Los Angeles, there is an allowance of 2% Special Admission at the discretion of the Admission Office. This 2% is comprised of those applicants who represent special talent such as athletes. Athletes represent about 30 to 35% of the discretionary 2%. It is reported that most of the special admission students are "outstanding" high school students" who have simply failed to meet university subject matter requirement; others are from social and culturally deprived backgrounds. Most possess great academic potential. Special talent is taken into consideration under the special admission program.

Stauss, William T., M. D., "Motivation in Dental Health Education and the Regional Medical Program", Journal of School Health 40 (Sept. 1970), 355-367.

Efforts to increase the participation of dentists in a health education program as part of the continuing education strategy are described. A re-appraisal of the present methods of dental education for both dentist and clients is urged.

Takemiya, Fred., "Minority Admissions to Law Schools: What are the Issues?" Integrated Education, 81 (May-June 1976), 24-27.

A brief description of the special admissions program for minority law students of the University of California, Berkeley (Boalt Hall School of Law) is given. Criticisms are presented against the University's decision to eliminate the Asian segment of the special admissions program at Boalt Hall. The author describes a study undertaken by Asian students to show that they have been unfairly eliminated from the program, and should, therefore, be restored.

Tewa, Ronald G., "Personnel of Dimension of Persistence in an Institute of Technology," Measurement and Evaluation in Guidance. 3 (Spring-Winter 1971), 231-237.

Investigation was made to determine the existence of a personnel dimension capable of discriminating between students who differ in academic success and persistence. Participants included 628 Institute of Technology Freshman Engineering students who have taken the Minnesota Counseling Inventory (MCI) during the orientation. Students were divided into four groups; (1) successfully withdraw, (2) successfully persist, (3) unsucessful withdraw , (4) unsuccessful persist. Data were analyzed by using a multiple discriminate analysis computer program. The result indicated that two personal dimensions are successful in discriminating between engineering students who elect different education directions. The two dimensions are described as other-directed and as self-directed.

Thacker, Andrew J., and Robert E. Williams, "The Relationship of the Graduate Record Examination to Grade Point Average in Success in Graduate Schools" Educational and Psychological Measurement 34 (1974), 939-944.

A review of the major literature of the GRE as a predictor of grade point average in graduate school is made. As a result, the use of GRE as a selection instrument was seriously questioned. Correlation coefficients between GRE scores and success as graduate students tend to be very low as reported by these two authors.

Thomas, Roy P. (ed.) Developing Opportunities for Minorities in Graduate Education. Berkeley, California: The Graduate Division of the University of California, Berkeley, 1973.

Proceedings of a Conference on Minority Graduate Education at U.C./Berkeley, May 11, 12, 1973. Discusses needs and problems of minority graduate students, solutions to them as an assessment of well as new programs.

Vetter, Betty (ed.) Women and Minorities in the Sciences. Washington, D.C.: Scientific Manpower Commission, 1976.

Presents voluminous statistical data, drawn from numerous sources, to demonstrate participation of women and minorities in sciences and engineering. Makes projections as to future representation in such fields as engineering, discusses training programs and employment datas.

Vickrey, James F., Jr., "Graduate Admission Standards in Speech Communication: Is The Game Really Fair?" Quarterly Journal of Speech, 56 (1974) 439-441.

The claim was made that, although a significant number of scolars in the field of speech communication recommend the recruitment of students representing a broadly based cultural, geographical and racial grouping, very little has actually been done. It is also maintained that admission criteria discriminates against Black students who apply for graudate programs. Thus, efforts must be made to expand the definition of "qualified students" in order to expand the actual number of Black graduate students in the field of speech communication.

Wagner, Eldon L., "Some Factors in Obtaining Post-graduate Education", Sociology of Education, 42 (April 6, 1969) 154-159

The study describes findings from a longitudinal study designed to examine the roles of several factors in determining who attends and obtains post-graduate education. Variables tested included sex, time of marriage, social-economic status, background and economic ability. In general, according

to these findings women are less likely to obtain graduate or professional education, and for women, the variables of late marriage, low SES position and high ability were equally associated with obtaining post-graduate education. Among men, high academic ability was the major factor in determining who obtained post-graduate education. For both men and women, low socio-economic status was a barrier to educational attainment.

Walster, Elaine T., Ann Cleary and Clifford, Margaret M., "Research Note", The Effect of Sex and Race on College Admission. The Sociology of Education, 44 (Spring 71), 237-244.

This investigation was undertaken to ascertain the degree to which the variables of race and sex affect admission to colleges. Data were collected by sending applications to a sample of 240 American colleges and universities. Administrative findings show that White applicants were accepted slightly more frequently than Blacks and that males receive preference over females. The officers did not find a different pattern of admission in the South and non-South. In fact, the data shows that Blacks are no more enthusiatically received in non-Southern institutions than they are in Southern Colleges and Universities.

William, Robert L., "What are we Learning from Current Programs for Disadvantage Students", Journal of Higher Education, 40 (1969), pp. 247-285.

This is essentially a study discussing the purposes , objectives, and problems of a program designed to increase the number of disadvantaged students in higher education as early as 1969. The data indicated that about 50% of colleges and universities in this country had already established special programs for disadvantaged students.

Problems of disadvantaged students include: lack of sufficient funds, high risks status due to low test scores on standarized admission test, weak high school records, and low socio-economic status. Supported services and academically enrichment programs are described.

Williams, John D., et. al., "A Longitudinal Study Examining Prediction of Doctoral Success: Grade Point Average as Criterion, or Graduation vs. Non-graduation as Criterion" The Journal of Educational Research, 64:4 (Dec. 1970) 161-164.

This is a longitudinal study, covering a seven-year period, designed to predict doctoral success using two criterion variables. Three groups of students were employed including those who had received the doctorate, those who had not received the doctorate and were not enrolled presently in the program, and students who had not received the doctorate but who either had been in attendance or registered for dissertation credit during the past 21 months. Fifteen variables were employed as predictors, and regression analyses techniques were utilized. The study indicated that, although GRE tests are important as predictors of graduation, they are not particularly pertinent in predicting doctoral GPA. Each of the criterion variables is different in its predictive power for doctoral success.

Willie, Charles V., "Research to Work." Integrated Education 7 (Sept. 1969), 32-38.

Outlines area of needed research pertaining to education of Blacks in predominantly white colleges and universities. Research areas suggested include: 1) a demographic analysis of Black students in predominantly white colleges 2) academic achievement 3) social adjustment and 4) career opportunities.

Winkler, Karen J., "Enrollments Climb at Black Colleges", The Chronicle of Higher Education. January 26, 1975.

This article shows increases in enrollment each year from 1965 to 1975 plus stronger increases from 1974 to 1975.

Zatlin, Boring, Phyllis, "Anti-bias Regulations of Universities: A Biased View?" AAUP Bulletin (Autumn 1975), pp. 252-255

An attempt is made to deal with the critical issues in attacks made against affirmative action programs in Richard A. Lester's book, Anti-Bias Regulations of Universities: Faculty Problems and Their Solutions. Allegations are made that Lester's study is

not objective and that his conclusions are all the more "dangerous because of bias and the book is subtle". Attention is given to usefulness and validity of the major solutions to the faculty hiring problems as suggested by Lester; charges of reverse discrimination; the supply-demand issue, and the continued problems of race and sex discrimination against women and minorities in American Universities and colleges.